

7. Particulars of any other professional course completed in Medical field :

8. Details of experience (Only experience gained after graduation should be stated)

Experience	From	To	Period	
			Year/s	Month/s
In Hospital (as a Physician)				
As General Practitioner				

9. Any other factor which the applicant would like to bring into account in support of his/her Application :

I hereby declare that the information and particulars given by me in this form are true and correct. I also note that if any of the above statements are incorrect or false or if any material information or particulars has been suppressed or omitted there from, my services are liable to be terminated without notice or compensation in lieu of notice.

Date:

(Signature of the applicant)

INSTRUCTIONS

1. All the details in this form must be filled by the applicant.
2. Applications which do not contain the full particulars called for are liable to be rejected.
3. Attested copies of certificates regarding age, educational qualifications, experience etc. should be attached with the application.
4. If the candidate is working as a Medical Officer for any institution the details thereof and working hours therein should be indicated.