



<b>8.</b>	<b>Educational Qualifications:</b> (Indicate degree/ diploma obtained in the order of highest to least)			
	<b>Degree/Diploma</b>	<b>University/Board</b>	<b>Year of Passing</b>	
<b>9.</b>	<b>Particulars of any other courses completed in medical field:</b>			
<b>10.</b>	<b>Details of experience – (Experience after graduation only should be stated):</b>			
	<b>Experience at:</b>	<b>From</b>	<b>To</b>	<b>Period (Year/s)</b>
	In Hospital (as a Physician)			
	As General Practitioner			
<b>11.</b>	<b>Any other factors which the applicant would like to bring into account for considering his/her application:</b>			

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 engagement is liable to be terminated without notice or compensation in lieu thereof.

Date:

Place:

(Signature of the applicant)

### **INSTRUCTIONS:**

- a) All the details in the Application Form are to be filled up completely by the applicant, as incomplete Forms are liable to be rejected.
- b) Attested copies of relevant certificates regarding age, educational qualifications, caste, experience etc. should be attached with the Form.
- c) In support of the experience gained by the applicant the Certificate submitted must contain the details of duty hours and the nature of duty.