

20. Mother Tongue:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

21. Details of Identity Certificate (02 out of 03 are required):

(i) Aadhar Card No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(ii) Voter Id:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(iii) PAN:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

22. Identification Mark:

23. Interview Fee: (Applicable: Yes/No)

--	--	--

If Yes, Demand Draft No.

--	--	--	--	--	--

Issuing Date:

--	--	--	--	--	--	--	--

Name of the Issuing Bank

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Branch of Bank:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DECLARATION:

I undertake that all the above information given by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me, if found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date:

(Signature of Candidate)

Important

(Read before filling forms)

- Incomplete application is liable to be rejected.
- Form should be filled by candidate in person with clear and CAPITAL letters.
- Photograph should be with clearly visible face, both ears & signed across.

Checklist

List of documents which are to be submitted with Application Form:

SI	Name of Documents	Submitted: Yes/No, if No, Reason
1	Demand Draft as Interview Fee, if applicable	
2	Certificate of Class 10 th for Date of Birth	
3	All Marks sheets of MBBS	
4	Attempt Certificate of MBBS	
5	Degree Certificate of MBBS	
6	All Marks sheet of MD/MS/DNB	
7	Attempt Certificate of MD/MS/DNB	
8	Degree Certificate of MD/MS/DNB examination	
9	EWS/OBC/SC/ST Certificate, when applicable	
10	NMC/State Medical Council Registration Certificate	
11	Aadhar Card	
12	Proof of Publication, Certificate of Training, Attendance in the Conference/workshop/Seminar, if any	
13	NOC from current Employer, if applicable	
14	Relieving Certificate from previous Employer, if applicable	
15	Experience Certificate, if applicable	
16	Any other	

Date:

Signature of Applicant
Name of Applicant: