

APPLICATION FORM

(Fill-in the form in CAPITAL LETTER only)

Post Applied for		Add recent Colour passport size self photograph
1. Name:		

2. Father's / Mother's / Husband's Name:

3. a. Date of Birth :	4. District of Domicile:	5. Sex (M/F/O):
b. Age as on 01.05.2025: ____ Yrs ____ Months		

6. a. Address for Communication:	7. Caste (SC/ST/OBC-A/OBC-B/ Unreserved):
	8. Present Telephone No:
b. Permanent Address:	

9. Email Address:	10. Mobile No.:
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11. Education: please list all qualifications	(MBBS onwards)

[illegible]

12. Employment Record:		
(Total years of post-qualification experience) :		
13. Details of Employment: (Use separate sheets if required).		
Starting with your present employment, list in reverse order all the employments you have had.		
13. A. Current Employment:		
Name of Employer:		
From Month / Year	To Month / Year	Designation
Location of Employment:		
Description of your duties:		
13. B. Previous Employment:		
Name of Employer:		
From Month / Year	To Month / Year	Designation
Location of Employment:		
Description of your duties:		
13. C. Previous Employment:		
Name of Employer:		
From Month / Year	To Month / Year	Designation
Location of Employment:		
Description of your duties:		
14. For the post of : Medical Officer-		
A. Whether 01 year internship done (Yes / No) _____		
B. Whether Registered under West Bengal Medical Council (Yes / No)? _____ Registration Number : _____		
Declaration		
I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and belief, If any information furnished or any part of it is found to be incorrect, then I do believe and understand that my candidature for contractual recruitment to the post I have applied for is liable to be cancelled without any further intimation to me.		
Place:		
Date:		Signature of the Applicant