



Annexure –‘A’

APPLICATION FORM

Advt. No.				(Paste here latest photograph)
POST APPLIED FOR:				
1. Full Name (Block letters)				
2. Father's/ Husband's Name:				
3. Mother's Name:				
4. Correspondence Address with email & phone no.			5. Permanent address:	
Mob. No. _____			Aadhar No. _____	
E-Mail: _____				
6. Date of Birth		7. Gender		
8. Male/female/ TG		9. Marital Status		
10. Nationality		11. Category:		
12. Alternate Mob. No. (if any):				

Educational Qualifications

Sr.	Qualification	Year	College/ Board/University	Percentage
1	10th			
2	12th			
3	Diploma			
4	Graduation			
5	Post Graduation			
6	Other			

Experience Details

Sr.	Employer/Hospital	Designation	From	To	Duration	Emoluments (per month)
1						
2						
3						

Declaration: I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief.

Place: _____

Date: _____

Signature of candidate