

Application Form

| Registration No. (Office use): | | | | | | |
|---|-----------------------------------|--------------------------|--------------------------------|------------------------|-------------------------------------|--------------------------------|
| Post applied for | | | | | | |
| 1. Personal Details | | | | | | |
| Name of Applicant | | | | | Photo | |
| Aadhaar Card No. | | | | | | |
| Mother's Name | | | | | | |
| Father's Name | | | | | | |
| Gender | | | | | | |
| Date of Birth | | | | | | |
| Place of Birth | | | | | | |
| Nationality | | | | | | |
| Marital Status | | | | | | |
| Category | | | | | | |
| Person with Disabilities | | | | | | |
| State of Domicile | | | | | | |
| 2. Mailing & Contact Details | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| District/City | | | | | | |
| State/UT | | | | | | |
| Pin Code | | | | | | |
| Mobile No. | | | | | | |
| Email Id | | | | | | |
| 3. Education Details | | | | | | |
| Examination Passed | Name of the Degree/ Course | Board/Univ ersity | Name of the Institution | Date of Passing | Percentage of marks obtained | Subject/ Specialization |
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4. Full-time/ part time working Experience

Note: Kindly do not include the periods(s) of break(s) in service while mentioning the dates.

| Name of organization/hospital/ clinic | Status (Full time/ Part time) | Post Held | Pay Scale/Total Emolument | Date of Joining yyyy/mm/dd | Date of Relieving yyyy/mm/dd |
|---------------------------------------|-------------------------------|-----------|---------------------------|----------------------------|------------------------------|
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5. Involvement in the related activities during vaccination campaign/ COVID 19 work

| Sl. No. | Activity | Activity Description |
|---------|----------|----------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

6. Awards/ certificate of appreciation, if any

| Sr. No. | Name/ Title of Award Post Held | Name of organization/ Hospital giving Award | Level of Award |
|---------|--------------------------------|---|----------------|
| | | | |
| | | | |
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7. Miscellaneous Information

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| Any other relevant information, if not given elsewhere in the form: | |
| Are you willing to accept the minimum initial pay in the grade? If not state reasons for claiming higher starting pay. | |
| If selected appointment, what notice would you require for joining the post? | |
| Have you been punished during your service, if any, in Gender related/caste discrimination issues etc. or convicted by a Court of | |

| law, if so, give details? | | | |
|---|---|--------------------------------------|------------------------------|
| Were you at any time declared medically unfit or asked to submit your resignation, discharged, or dismissed? If yes, give details in separate sheet? | | | |
| Do you have any case pending against you in any court of law? If yes, give details? | | | |
| 8. Two Referees familiar with your academic work | | | |
| Sr. No. | Full Name with designation & organization name | Address (Office/ Residential) | Contact No./ Email ID |
| 1. | | | |
| 2. | | | |
| Declaration | | | |
| <p>✓ I hereby declare that the information given by me in the application is true, complete and correct to the best of my knowledge and belief, that nothing has been concealed or distorted thereof. If at any stage, I am found to have concealed/distorted any information or given any false statement, my application/ appointment shall be liable to summarily rejected/ terminated without notice or compensation.</p> | | | |
| Place: | | | |
| Date: | | (Signature) | |

Note: Please enclose self attested copies of your entire educational and experience certificate along with above application for consideration. Documents received without above application format will be summarily rejected without communication.