**NATIONAL HEALTH MISSION-AROGYAKERALAM,EKM**

**Bio Data - Medical Officer**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name(in Block Letters) |  |  |
| 2 | Age & Date of birth |  |
| 3 | Religion & Caste |  |
| 4 | Residential Permanent Address for Communication with Pin Code |  |
| 5 | Present Address for Communication |  | |
| 6 | Mobile No. |  | |
| 7 | ‘e’ mail id |  | |
| 8 | Qualification | 1. MBBS 2. PG | |
| 9 | Name of College where studied for MBBS / University |  | |
| 10 | TCMC Registration No. |  | |
| 11 | Any other Details |  | |

Place:

Date: Signature of the candidate

**(For Office Use)**

**NATIONAL HEALTH MISSION-AROGYAKERALAM, ERNAKULAMM**

**Bio Data**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the post** | | | |
| 1 | Name (in Block Letters) |  | Passport size photograph duly attested by the candidate. |
| 2 | Age & Date of birth |  |
| 3 | Religion & Caste |  |
| 4 a | Present Address for Communication with Pin Code |  |
| 4 b | Permanent address |  | |
| 5 | Phone No.-  Mail ID |  | |
| 6 | Educational Qualifications with year of passing and % of marks obtained in the qualilfying examination Copies should be submitted | 1  2  3 | |
| 7 | Experience - Copies should be submitted |  | |

**Declaration**

I ………………………………….hereby declare that the information given above is true to the best of my knowledge.

Place:

Date: Signature of the candidate

**(For Office Use)**