

APPLICATION FOR THE POST OF CHIEF MEDICAL OFFICER

To,
The General Manager (HR&A),
Training, Planning & Allied Services,
Corporate HR&A Department,
8th Floor, 'D' Block,
Vidyut Bhavan,

Space for recent
passport size
photograph

POST APPLIED FOR : CHIEF MEDICAL OFFICER

NOTIFICATION NO. : EMPLOYMENT NOTIFICATION NO: REC/2024/01

Personal Information

01.	NAME IN FULL (in block letters)	
02.	FATHER'S / HUSBAND'S NAME	
03.	Regd. No under Medical Council	
04.	ADDRESS	(a) Present
		(b) Permanent
05.	DATE OF BIRTH (attach self attested copy of appropriate certificate)	____/____/____ DD MM YYYY
06.	AGE (As on 01.01.2024)	____ Years ____ Months ____ Days
07.	GENDER	
08.	NATIONALITY	
09.	RELIGION	
10.	CATEGORY (Please ✓ against the appropriate option)	General (Unreserved) / Scheduled Caste (SC) / Scheduled Tribe (ST) / Other Backward Class (OBC-A) / Other Backward Class (OBC-B)
11.	MARITAL STATUS	
12.	MOBILE NO. / LAND LINE NO (If any)	
13.	E-MAIL ID	
14.	LANGUAGES KNOWN	Read :
		Write :
		Speak :
15.	PRESENT OCCUPATION	

16. Educational Qualification****(Start from Matriculation and attach self attested copies of the Certificates and Mark Sheets)**

Sl. No.	Exam Passed	Board / University/Council	Year of Passing	% of Marks	Class / Division
i.					
ii.					
iii.					
iv.					
v.					

17. Post Qualification Experience****(Please state chronologically and attach self-attested copies of proof)**

Sl. No.	Organisation	Designation	From	To	Rank/ Designation of immediate Reporting Officer	Gross Salary
i.						
ii.						
iii.						
iv.						

18. GRADE PAY /SCALE OF PAY, LAST DRAWN**19. Whether a State Govt. Pensioner****20. Whether Covered under WBHS 2008 or CGHS or similar schemes****21. Joining Time Required, if yes, then mention the time span****** May attach extra sheets if required****Declaration and Signature**

I do, hereby, declare that all the details furnished in this application and the attached documents are true, complete and correct to the best of my knowledge and belief. I, further declare that no vigilance case is pending against me. I understand that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled.

Date: _____

Place: _____

(Signature of the Candidate)