



सत्यमेव जयते

Phone: 0413 – 2296022

Fax: 0413 – 2272067 – 2272735



Application form for the post of Medical Lab Technologist purely on Contractual Basis

1. Name of the Applicant (*in full block letters*): _____

2. Father's/Guardian's/Husband's Name: _____

3. Date of Birth: _____ (*dd/mm/yyyy*)

4. Age (as on **closing date for application**) years: _____ Months: _____ Days: _____

5. Address for Communication: _____

Mobile No *: _____ **Email***: _____

Aadhar No. _____

*** - Mandatory**

6. Educational/Technical Qualifications

(From 10th or equivalent onwards, self-attested copies to be enclosed):

Examination passed	Year of passing	University/Board	Division/Class	% of Marks*	Subject

* Convert CGPA into percentage

Affixing a recent Passport Size photograph

(Self-attestation)

7. Experience: (*From recent*)

S.No.	Institution/Company	Designation	From	To	Duration	Proof Submitted	Enclosure No.

8. Other information relevant to the post (*if any*): _____

9. Attached Copy of SC/ST/ OBC/ EWS Certificate (*if any*): Yes/No

10. **DECLARATION:** I do hereby declare that the above information furnished by me are true and correct to the best of my knowledge.

Place: _____

Date: _____

(Signature of the Applicant)

List of Enclosure: