	GOVERNMENT OF MAHARASHTRA PUBLIC HEALTH DEPARTMENT 2016 (RECRUITMENT OF MEDICAL OFFICER GROUP-A)							
Post Applied For								
Name In Marathi								
Father s /Guardians Name					Recent passport size Photograph			
Mothers Name								
Fatherês /Guardians								
Occupation					Candidate Signature(in box)			
Gender			Marital Status					
Date of Birth			Age as On (31.03.2016)					
Mother Tongue			Email-ID					
Contact and	Marital Informatio	on						
Correspondence Address								
Correspondence Ad Marathi	ddress in							
Permanent Address	in Marathi							
Whether Spouse working with Govt. Department			Spouse Place Of Posting	е				
Profession of the Sp	oouse			I.				
Reservation		1						
Category	Category							
Caste			Sub Caste					

Non –Creamy Layer Certificate				Annual Income						
Social Re	serva	tion				1	'			
Physically	/ Hand	dicapped								
Fees Deta	ails :									
Sr.No	Demand Draft No.				Amount Bank Name					
1										
General I										
Possesses Adequate Knowledge to read, write and speak Marathi Language										
Date Of C Rotating I	comple nterns	etion of C ship(dd/m	Compulsory nm/yyyy)							
Date Of Registration (dd/mm/y							(1	ate Of Renewal f any) dd/mm/yyyy)		
Has Succ	essfu	lly Compl	eted MS-CIT '	?						
Preferred Area of Posting										
MBBS Ye	ar wis	se Marks:			Ц					
	Year Ma		Marks	·ks		Out of Marks				
1stYear										
2 nd Year										
3 rd Year										
4rth Year										
Total										
Percentag			38							
Has any other Post Graduate Degree/Diploma in Medical subject										
Subject										

Sr.N	Facult	Program	Specialization	Board/	Passin	Clas	Total	Total	Perce
0	y	Flogram	Specialization	University	g Year	S	Marks Obtained	Out of Marks	ntage
Experi	lence:								
Sr.N o	Post Held	Organiza	Organization Name		Organization Address			Is the office Institution Owned by Govt.of Maharashtra	
O 11									
Sr.N o			tal Period ear/Month/Days)	Scale of Pay	Basic Pay (In Rs)	/ N	ature of ost	Reasons Leaving a with discl certificate	along harge
Total E	Experienc	(B)Before essential Q)After essential Qual) After higher Quali	alification					
Doguis	l red Docur) Aiter nigher Quali	ncation					

0					
1					
2					
3					
4					
5					
to the o original made b	I hereby declare that all the information furnished by in me application from are true .complete and correct to the of my know ledge and behalf: I do understand that I need to obtain and produce all the required original certificate enlisted in the form bye me at the time of document verification. I understand that entries made bye me in this application form are final and binding on me I further declare that in the event any information being found false or incorrect I shall be liable for disgualification as mentioned in the notification				
Place	e:				
Date:	Signature of the Candidate				