**Punjab State AIDS Control Society**

**Application format for OST Centres**

**Post Applied For: Medical Officer, OST center**

District Applied For (write three districts in priority order):

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please type / write and print clearly. Use additional pages if necessary.

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| ***Personal Information*** |
| Name (Last/ family) | Name (Middle) | Name (First) |
| Father/ Husband Name |
| Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_DD/MM/YYYY  | Marital Status | GenderMaleFemaleOthers  | CategorySCBCOBCOthers (please specify)  |
| Punjabi Passed Upto Matric | Yes No |

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| ***Contact Information*** |
| **Work** | Work Mailing Address | Phone |  |
| Fax |  |
| E. Mail |  |
| **Home** | Permanent Mailing Address | Phone |  |
| E. Mail |  |

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| ***Education (List institutions attended (above 10th Grade level), starting with the most recent). Please bring original certificate and self attested copy of all certificates for verification.***  |
| **Education & other Qualifications** | **Year of Passing (Date of degree received)** | **University/****Board/ Institute** | **Maximum marks** | **Marks****Obtained** | **% age of Marks** |
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| ***Experience (Starting with the most recent): Please attach copy of experience certificate***  |
| **Name & address of the employer along with contact phone numbers** | **Duration** | **Position/ Responsibilities held** |
| From(Month/ Year) | To(Month/ Year) |
|  |  |  |  |
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I hereby confirm that the information provided in this application is truthful, complete and up to date. I have also carefully read the general terms & conditions which will be applicable, I hereby agree and accept the same.

Dated:

**Signature of the applicant**

Place: