

Application for the post of Senior Medical Officer

(Ref: Recruitment Advertisement No. OP/PD/2017/06 dated 15.06.2017)

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Name of Applicant	:	
Gender	:	Male / Female
Date of Birth & Age as on 01.01.2017	:Yrs & Months
Religion & Caste	:	
Reservation Category. Please Specify	:	
AADHAAR No	:	
Income Tax PAN No.	:	
Election Identity Card No	:	
Marital Status	:	
Father's Name	:	
Mother's Name	:	
Spouse Name	:	
Address with PIN Code	:	
Phone Number	:	
E-Mail	:	

EDUCATIONAL QUALIFICATION (Qualification starting from Matriculation. Only Regular Courses approved by Government of Kerala and with duration of one year and above needs to be mentioned)

Name of Course	University / Board	Duration (From – To)	Aggregate % of Marks	Grade / Class	Whether Full Time Course Yes / No

DOCTOR REGISTRATION DETAILS

Authority	Registration No.	Date of Registration	Valid Up to

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WORK EXPERIENCE (Mention relevant experience for the post only in descending order. Use additional sheets if required)

Name of Organisation	Position Held & Remuneration	Period of Employment (Specify Dates)	Experience (Year, Month & Days)	Nature of Job / Job Responsibilities	Reason for leaving

I, _____ declare that the above details are true to the best of my knowledge and my appointment shall become null and void if any of these statements are found to be wrong / false at any time.

Place:

Date:

Signature & Name