

Annexure 'A'



NAME OF THE POST: Part time Visiting Medical Officer (VMO)

PERSONAL PARTICULARS

(All particulars shall filled only in capital letters)

Paste your recent
passport photo
here.

1. Name (Mr./Ms.).....

2. Father's Name (Mr.).....

3. Permanent Address

Correspondence Address

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4. E-Mail ID :

5. Contact Phone No.:Residence Mobile.....

6. Category : General/OBC/SC/ST/PHP
(Tick relevant category and Enclose Certificate in the prescribed format)

a) Indicate if you are a Person with Disability :

If yes, indicate nature of Disability.

(Disability certificate in the prescribed format to be enclosed)

OH	VH	HH
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b) Degree of disability as indicated in the Certificate:

7. Date of Birth : Age.....Yrs.....Months
(As on 01.01.2024)

8. Religion: Hindu/Muslim/Christian/Sikh/ :
Neo-Buddhist/ Zorastrian, others (please specify)

9. a) Hobbies/ Special Interests :

b) Whether participated in NCC/Scouts/Cultural activities/Debate/
Competition/Sports etc.(Please specify) :

10. Educational/Professional qualification:

Education (from SSLC)	Institution/ University	Year Studied From - To		Main Subjects	Class/Grade / Div.	Aggregate %

11. Details of Experience:

SL NO	Name of the Organization	Period		Designation	Pay details	Details of responsibilities in brief
		From	To			

12. Medical Council Registration No.

13. LANGUAGES KNOWN - READ WRITE SPEAK (Please put tick)

A. _____ ----- ----- -----
 B. _____ ----- ----- -----
 C. _____ ----- ----- -----

14. Additional Information if any
 (Attach Additional Sheet if necessary)



UNDERTAKING

I hereby solemnly affirm that whatever information, that has been given above is true and correct to the best of knowledge and belief. I further state that if at any stage, it is discovered/revealed that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may summarily be rejected, or if employed, my employment be terminated.

SIGNATURE OF THE APPLICANT
 NAME:

Date:
 Place: