

APPLICATION FORM FOR THE POST OF PARA MEDICAL STAFF ON CONTRACT BASIS

(for 03 Month only)

Applied for the post of :

Notification No. & Dt.....

1. Name of Applicant (In Capital Letter):
2. Father's/Husband Name :
3. Date of Birth:.....
3. Age as on 01.06.2020:
year.....Month.....Days.....
4. Category (SC/ST/OBC):(Attache Certificate)
- 5 Permanent residential Address:
- 6 Address for correspondence :
7. Telephone/Mobile No. if available :(With STD Code)
8. Educational Qualification :

Affix here self
attested passport
size photograph

S. No	Exam passed	Name of Board/State	Passing year	Percentage of marks obtained

9. Technical Qualification :

S. No	Name of Course	Name of Institution	Council/University affiliated	Passing year	Percentage of marks obtained	Registration number etc

10. Extra Qualification or Experience, if any :
11. Present employment, if any :
12. Identification marks : (I).....
(II).....

Declaration : I hereby declare that the facts and evidence given by me in the above application are true complete and correct to the best of my knowledge and belief. In the event any mis-statement/discrepancy in the particulars being detected at any stage, my candidature/service may be cancelled/terminated without any notice. I am aware that this is purely on contract basis and I will not claim for regular appointment.

Place :

Date :

(Signature of Candidate)

Attested Copies Attached 1 2 3 4