

APPLICATION FORMAT FOR THE POST OF

Notice no: 85 Dt. 08/01/2015

AFFIX
PASSPORT
SIZE RECENT
SIZE
PHOTOGRAPH

TO
THE CHIEF MEDICAL OFFICER OF HEALTH
NEW ADMIN. BUILDING 1ST FLOOR, DRS COMPOUND,
CHINSURAH
HOOGHLY, PIN-712101.

1. NAME IN FULL (IN BLOCK)
2. SEX (PUT A TICK) : MALE : FEMALE
3. FATHER'S/HUSBAND NAME:.. ..
4. CASTE (GEN/SC/ST/OBC)
5. DATE OF BIRTH.....
6. AGE AS ON 01.01.2016
7. CONTACT NO
8. ADDRESS FOR COMMUNICATION :
VILLAGE/CITY/BLOCK.....
POST OFFICE.....P.S.....
DIST:-..... PIN.-..... EMAIL :.....
9. DD. NO-..... DATE: NAME OF BANK:

1. QUALIFICATION -

EXAM PASSED	YEAR OF PASSING	UNIVERSITY / BOARD /INSTITUTE	TOTAL MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS OBTAINED
GRADUATION(MBBS/ BDS/AYUSH/NURSING/STATISTICS)					
ADDITIONAL QUALIFICATION					
MHA/HOS.ADMINISTRATION/PUBLIC HEALTH					

EXPERIENCE :

SL NO	NAME OF ORGANIZATION	DESIGNATION & NATUR OF WORK	DURATION

I SOLEMNLY DECLARE THAT (A) ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE; (B) ORIGINAL DOCUMENTS WILL BE PRODUCED ON DEMAND; (C) I UNDERSTAND THAT THE CONCERNED AUTHORITY RESERVE THE RIGHT TO REJECT MY CANDIDATURE UPON SHORT LISTING OF THE CANDIDATES BASED ON QUALIFICATIONS AND EXPERIENCES AS DESIRED BY THE COMPETENT AUTHORITY.

DATE

SIGNATURE OF THE CANDIDATE