

**APPLICATION FORM FOR COVID-19 HOSPITAL  
MEDICAL OFFICER**

AFFIX  
PASSPORT  
SIZE PHOTO

1. Post applied for : \_\_\_\_\_ In (Subject) \_\_\_\_\_

2. Name of Candidate : \_\_\_\_\_

& Address \_\_\_\_\_

(In BLOCK LETTERS)

Telephone No. with code (phone) \_\_\_\_\_ Mobile \_\_\_\_\_

Email ID : \_\_\_\_\_

3. Date of Birth : \_\_\_\_ \_\_\_\_ \_\_\_\_ Age \_\_\_\_ Year \_\_\_\_ Month

4. Gender : Male/Female

5. Present Job : \_\_\_\_\_ Place \_\_\_\_\_

6. Educational Qualification :

Sr.No.	Examination	Year of Passing	University	Total Marks /Out Of	Percentage	Attempt
1.	MBBS					
2.	MD/MS					

7. Experience :

Post	Institute	From	To	Total

8. List of Enclosures ( Attested Copies in following order)

Attested Photocopies in Following order	Please tick (✓)	Attested Photocopies in Following Order	Please tick (✓)
(1)Final MBBS/ P.G. Mark sheet Mark sheet		(5) School –Leaving Certificate/Birth Date Certificate	
(2) MBBS/MD/MS/DNB/DEGREE CERTIFICATE		(6) NOC / Reliving Order	
(3)MBBS /MD/MS/DNB GMC Registration Certificate		(7) Aadhar Card & Pan Card	
(4)Experience Certificate			

**Undertaking**

I Declare that information stated above are true to the best of my Knowledge. If above Information is found to be false; I am bound to obey the decision of Selection Committee.

Place :

Date :

Signature of Applicant