

PROFORMA FOR APPLICATION

PHOTO

APPLICATION FOR THE POST OF : PART-TIME CONSULTANT(RADIOLOGIST)

1. Name in full beginning with : Shri/Smt./Kum. _____
Surname (In Block Letters) _____
2. Nationality : _____
3. Sex (Male / Female) : _____
4. Marital Status (Married/Single/
Widower/Widow) : _____
5. Date of Birth (in Christian era) : _____
6. Address in Block Letters : _____
a) For Correspondence _____
(with Pin Code) : _____
b) Permanent Address : _____

- Telephone / Mobile No. : _____
- Email ID : _____
7. a) Whether the applicant belongs
to SC/ST (If yes, please state
SC/ST) : _____
b) Please state name of SC/ST : _____
8. Educational and Professional Qualification from SSC onwards :

<u>Sr. No.</u>	<u>Examination Passed</u>	<u>University/ Board/ Institution</u>	<u>Year of Passing</u>	<u>Subjects</u>	<u>Class / Grade & % of marks</u>
1)	S.S.C.				
2)	H.S.C.				
3)	M.B.B.S.				
4)	DMRD / DMRE				
5)	M.D. / DNB				

9. Experience (particulars of all previous and present employment are to be furnished)

<u>Name and address of employer / Institution</u>	<u>Post held / Pay & scale of. pay .</u>	<u>Whether Central/State Govt./Public Sector Undertaking</u>	<u>Period of service</u>		<u>Permanent or Temporary</u>	<u>Reason for leaving</u>
			<u>From</u>	<u>To</u>		

10. Area of Specialisation

11. Details of relative employed in D.A.E. or its Constituent Units:-

<u>Sr. No.</u>	<u>Name of relative</u>	<u>Relationship</u>	<u>Unit in which employed</u>	<u>Post held</u>

12. Any other information you may wish to add :

13. List of documents (as per checklist) to be attached to the application :

(Signature)

Date : _____

Place : _____

CHECKLIST FOR THE CANDIDATES (TO BE ATTACHED TO THE APPLICATION)

Put [X] in the applicable box

- | | | |
|----|---|--|
| 1. | Single copy of application completed and attached | [] |
| 2. | Photograph pasted | [] |
| 3. | Application signed by applicant | [] |
| 4. | An attested copy of each of following certificate is attached | |
| a] | Date of Birth [] | b] SC / ST Certificate (If applicable) [] |
| c] | Physically handicapped []
(If applicable) | d] Educational & professional
qualification [] |
| e] | Experience [] | f] Checklist attached [] |

Date _____

Signature _____

