



10. Category	UR	OBC	SC	ST

11. If Physically Challenged (OPH Category) Candidate		Percentage Disability

12. Details of Educational Qualifications			
Examination Passed	University/Board/Institution/Council of Examination	Month, Year of Passing	No. of Extra Attempts
Secondary (10 <sup>th</sup> )			
Senior Secondary (12 <sup>th</sup> )			
MBBS / BDS			

**Details of work experience:**

13. Name of the Organisation	Period of Service Form												Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for Leaving Services
	FROM						TO									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

**Bring the original and 02 set of attested photocopies of related documents and publications at the time of Joining.**

15. Details of Application Fee : NEFT UTR No. \_\_\_\_\_ Dated \_\_\_\_\_ Amount Rs. \_\_\_\_\_.

16. I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/services are liable to be terminated without any notice. I.....agree to abide by the terms and conditions for contractual appointment (**Appendix – ‘A’ of advertisement**).

**Place:**

**Date:**

**Signature of the Candidate**