

NAME OF THE POST: Visiting Medical Officer (VMO)

PERSONAL PARTICULARS

(All particulars should be filled only in capital letters)

1. Name
2. Father's Name
3. Permanent Address Correspondence Address

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Contact Phone No. /Fax No. if any:

Office Mobile.....Residence.....

E-MAIL

4. Category : General/OBC/SC/ST/PHP
(Tick relevant category and specify)
5. Date of Birth : Age.....Yrs.....Months
(As on 01.10.2018)
7. Do you belong to minority community : Yes/No
(If yes, tick the appropriate)
Muslim/Christian/Sikh/Non-Buddhist/Zorastian
8. Medical Council Registration No.
9. Educational/Professional qualification

Education	Institution/ University	Year Studied From To	Year of Passing	Class/Grade	Special Subjects

10. Details of Experience:

SL NO	Name of the Organization	Period		Grading	Remarks
		From	to		

11. Additional Information if any
(Attach Additional Sheet if necessary)



UNDERTAKING

I hereby solemnly affirm that whatever information, that has been given above is true and correct to the best of knowledge and belief. I further state that if at any stage, it is discovered/revealed that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may summarily be rejected, or if employed, my employment be terminated.

SIGNATURE OF THE APPLICANT
NAME:

Date:

Place: