

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		Year of Passing	Class/Grade	Special Subjects
		From	To			

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)

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**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 mis-represent the facts, my candidature may summarily be rejected, or if employed, my employment be terminated.

SIGNATURE OF THE APPLICANT  
NAME:

Date: