



Application for Engagement of Visiting Medical Officer
(To be filled in block letters only)

Affix recent
passport size
colour photograph
here & sign across
the photo

Allopathy ☐ **Ayurvedic** ☐ **Homeopathy** ☐ (tick whichever is applicable)

1. Name of the candidate: _____

2. Father's Name: _____

3. Date of birth: (DD/MM/YYYY) _____ Age _____ YY _____ MM (as on 01.06.2025)

4. Gender: _____ (Male / Female) 5. Category: _____ (General/OBC/SC/ST/PWD)

5. Correspondence Address:

.....

.....PIN CODE:

Telephone No. : Mobile No.:

6. E-mail ID : (All correspondence will be made to this email id only)

7. Qualification Details:

Qualification	Discipline	Aggregate Marks/percentage	Year of Passing	Institution where studied

8. Professional Experience: (Enclose a separate sheet, if required)

Name of the Organization / Hospital / Clinic	Employment details		Designation	/ Salary drawn (Rs.)	Nature of work
	From	To			

UNDERTAKING

I affirm that the information given above is true and correct. I further undertake that, if at any stage, it is discovered that an attempt has been made by me to willfully conceal or misrepresent the facts stated above, my candidature may be summarily rejected or my engagement be terminated.

Date:

Place:

SIGNATURE OF THE CANDIDATE