

Experience :

Sr. No	Name of Employer	From	To	Post Held

15. MCI /DCI/State Medical Council Registration No: _____

(With photocopy of Registration certificate)

16. List of enclosures :

Sl. No.	Particulars	Enclosed
1.	Matriculation certification as proof of date of birth	
2.	Photocopies of educational qualifications	
3.	Photocopies of past experience certificates	
4.	Photocopy of MCI registration	
5.	Photocopy of Caste Certificates	
6.	Photocopy of UID (Aadhar no.)	
7.	Any other relevant document	

DECLARATION

I hereby solemnly declare and affirm that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue / false / incorrect my candidature is liable to be cancelled / terminated, besides taking any other action deemed fit in his regard. I will have not claim for absorption after terminated / completion of contract period of tenure. I shall abide by the terms and conditions as prescribed.

Date :

Signature of Candidate

Place :

Name : _____