

**Application for the post of \_\_\_\_\_ purely on contractual basis in the  
Kolkata Police Hospital under Kolkata Police.**

**To**  
**The Chairman,**  
Selection Board for selection of contractual staff  
in Kolkata Police Hospital, Kolkata.

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|--|
| Space for<br>pasting self<br>attested recent<br>passport size<br>photograph<br>(3.5cm x 3.5cm) |
|--|

|                 |                      |                      |                      |
|-----------------|----------------------|----------------------|----------------------|
|                 | First Name           | Middle Name          | Surname              |
| 1. Name in full | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                  |                      |                      |                      |                      |
|------------------|----------------------|----------------------|----------------------|----------------------|
|                  | Shri/Late            | First Name           | Middle Name          | Surname              |
| 2. Father's Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                           |                      |
|---------------------------|----------------------|
| 3. Address Vill/ Street : | <input type="text"/> |
| P.O. :                    | <input type="text"/> |
| P.S. :                    | <input type="text"/> |
| Dist.:                    | <input type="text"/> |
| State:                    | <input type="text"/> |
| Pin :                     | <input type="text"/> |

|                   |                      |                      |                      |
|-------------------|----------------------|----------------------|----------------------|
|                   | Date                 | Month                | Year                 |
| 4. Date of Birth: | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                             |                      |
|-----------------------------|----------------------|
| 5. Age as on<br>01.01.2018: | <input type="text"/> |
|-----------------------------|----------------------|

|         |                      |
|---------|----------------------|
| 6. Sex: | <input type="text"/> |
|---------|----------------------|

|                       |                      |
|-----------------------|----------------------|
| 7. Whether SC/ST/OBC: | <input type="text"/> |
|-----------------------|----------------------|

| Sl No.  | Examination Passed   | Year                 | Board/<br>University | Division/<br>Class   |
|---|----------------------|----------------------|----------------------|----------------------|
| 8. Educational<br>Qualification starting<br>from 10 <sup>th</sup> class<br>onwards: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                          |                      |
|--------------------------|----------------------|
| 9. Experiences, if any : | <input type="text"/> |
|--------------------------|----------------------|

|                           |                      |
|---------------------------|----------------------|
| 10. Publication, if any : | <input type="text"/> |
|---------------------------|----------------------|

I do hereby declare that the above particulars are true to the best of my knowledge and belief.

Date :  
Place :

\_\_\_\_\_  
(Signature of the applicant)  
Mob. No/Contact No:

**Note :**  
Application form must be filled up in Block Capital Letters. If required additional sheet may be attached.