APPLICATION FOR THE POST OF PART-TIME MEDICAL OFFICER

(Advt. No. BI/NON-ACA/14/2026-27 DATED 30.10.2026)

1. Name of the Candidate : _____

2. Nationality : _____

3. Father's Name : _____

4. Mother's Name : _____

5. Date of Birth : _____

6. Category: (General/SC/ST/OBC) : _____

Affix Recent
Passport Size
Colour Photograph

7. Mailing Address:

_____

_____

8. Telephone No. : _____

9. Mobile No. : _____

10. E-mail address : _____

QUALIFICATION:

SL. NO.	EXAM PASSED	UNIVERSITY	YEAR OF PASSING	CLASS	PERCENTAGE OF MARKS

MEDICAL COUNCIL / NATIONAL MEDICAL COMMISSION REGISTRATION NO. & PLACE:

EXPERIENCE:

SL. NO.	ORGANISATION	POST HELD	PERIOD	LAST PAY	NATURE OF DUTIES

I certify that the above information is correct and supporting documents are enclosed.

PLACE: **SIGNATURE:**

DATE: **NAME:**

(Application submitted without self-attested educational qualification and experience certificate shall be summarily rejected)