

FORMAT OF APPLICATION

Vide No:- DH&FWS/NUHM/2021/139

Date:- 14 01 2021

POST APPLIED FOR _____
MEDINIPUR

UNDER DH&FWS, PASCHIM

1. Name:
2. Communication Address with Mob. No. :-
3. Date of Birth:
4. Age as on 01/01/2021 :
5. Sex(Male/Female):
6. Category :SC/ST/OBC/Physically Handicapped/General:
7. Registration Number/Name of the Medical Council:
8. Details of present employment and designation (if any):
9. Academic Records:

Name	University/Board	% of marks obtained (as the case may be)	Academic Distinction, Honours, Medals, certificate	Chance taken to pass	Year of passing
1 st MBBS					
2 nd MBBS					
3 rd MBBS					
Post Graduate degree/diploma					
Any other qualifications					

10. Details of past employments and experiences (should include the name of employer, place of employment tenure and nature of job).
11. Permanent and Present Address with Contact Numbers.
12. Any other relevant information or extra curricular activities.

Signature of the Applicant

Date & Place :