Application Format for Recruitment of Different Categories of Staff Under HCP for Thalassaemia Control Units (TCU) at DMGMCH, Purulia

N.B. Candidate should fill in the application form in his/her own handwriting Incomplete Application with any defect in any respect will be summarily rejected

P	ost Applied for:	
(i	n capital letter)	Affix Recent
1.	Full Name:(In capital letter)	Passport size Photograph, duly signed
1.	Father's Name:	across by the
2.		candidate
3.	Address for Correspondence/ Present Address:	Hotel Total
4.	Date of Birth:, 6. Sex:, 7. Caste: General/SC/ST/O	ВС/РН
8.	E-mail id:	
9.7	Гelephone No.:, 10. Mobile No.:	
11.	Educational Qualification & others: (attach extra sheets if necessary)	

Sl. No.	Educational Qualification	Year of Passing	Name of University/ Board/ Council etc.	Total Marks (Excluding Optional)	Marks obtained (Excluding Optional)	Percentage/ CGPA	Internship for the Period, if any

12. Experience: (attach extra sheets if necessary)

(Attached (solf attached copy must be submitted with the application)

Name of the Post/ Designation	Office/ Institution, where employed	Nature of Organization (Govt. / Pvt.)	Temporary/ Contractual/ Permanent	Date of joining	Date of leaving	Cause of leaving

Attach self attested photocopies of relevant documents along with AAdhaar Card/Voter Card/Passport

Declaration:

I hereby declare 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 untrue/false/incorrect information or I do not satisfy the eligibility criteria. My candidature/appointment will be cancelled / terminated, without assigning any reasons thereof. I have read the contents of the General information/instruction for the candidate and shall abide by the rules regulations and procedures for appointment to the post applied for.

Place:		
Date:		(Full Signature of Applicant)