

CENTRAL MEDICAL SERVICES SOCIETY
(Autonomous body of Ministry of Health & Family Welfare, Govt. of India)
2nd Floor, VishwaYuvak Kendra, TeenMurtiMarg, Chanakyapuri, New Delhi-110021
Phone: 011-21410905/6 Website: www.cmss.gov.in
Advertisement No.: CMSS/AN/015 dated 06.12.2021
Application for the post of: _____

[Please read General Instructions to Candidates before filling up the application.]

For office use only

Application No.

Affix a recent passport
size photograph duly
attested by the candidate

Bank details for Application Fee of Rs.1000.00:

i) Bank Draft No:

Date:

ii) Payable at :

iii) In case the amount remitted online, please provide details:

	Name of the post [As stated in the advertisement]	
01.	Name in full (in capital letters) [as stated in 10 th standard marks sheet]	
02.	Father's/Husband's Name	
03.	Date of birth (Date/Month/Year) [As stated in 10 th standard marks sheet]	
04.	Postal address for communication. [Candidates to mention e-mail id, mobile/landline number.] (Mail Id and Mobile are mandatory)	Mail Id: Alternate Mail Id: Mobile No: Alternate Mobile No:
05.	Permanent address [Candidates to mention e-mail id, mobile/landline number.] [If permanent address is the same as postal address for communication, write 'same as postal address.']	Mail Id: Mobile No:
06.	Religion	
07.	Nationality	
08.	Gender	
09.	Category	SC /ST/OBC/Gen
10.	Do you belong to -	Physically Handicapped – Yes / No If YES, please attach an attested copy of certificate issued by the competent authority on the format prescribed by the Government of India.
11.	Have you ever been convicted by a Court of Law or is there any criminal/disciplinary/ vigilance case pending against you?	Yes / No If YES please give details in separate sheets.

12.	Educational & Professional Qualification					
Examination Passed	Name of the Board/ University	Duration of Degree/ Diploma/ Training	Year of Passing	% of Marks	Division/ Class	Specialization

13. Details of employment and experience in reverse chronological order (Attach attested copies of Certificates with details of job description/TOR/ Appointment letter mentioning the job profile meeting the Column -7 of Recruitment Rules of the post applied): (Attach separate sheet, if necessary):

Department/ Institute/ Office	Post held	Regular/ Temporary/ Permanent/ Contract	Period of employment From To dd/mm/yyyy/mm/yy		Scale of Pay/ Gross salary per Month

14.	Present salary in the Pay Band and Grade Pay/ Pay in the pay scale, and total emoluments or consolidated emoluments in the post currently held:	
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15.	Reference:
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I.	Name Designation Postal address Phone number E-mail id	
II.	Name Designation Postal address Phone number E-mail id	
III.	Name Designation Postal address Phone number E-mail id	

16. Details of enclosures: Candidate should attach proof of application fee DD/NEFT details, self-attested copies of qualification & experience. If space is not sufficient, attach separate sheet in the format given below):

Sl.	Description	Page No.

17. I hereby declare that I fully meet the requirement of Sr No.6 & 7 of the recruitment rule (Page-2)& attached the documents at Sr. No. /page No. in support of meeting the age, qualification & past experience requirement.

DECLARATION

I hereby declare that I have carefully read and understood the ‘General Instructions to Candidates’ and that all the entries in this form are true to the best of my knowledge and belief. I have enclosed the demand draft No:----- dated --/--/----- of ----- bank payable in favour of “CENTRAL MEDICAL SERVICES SOCIETY” payable at NEW DELHI / Enclosed the UTR./NEFT details .----- of -----bank. I also declare that I have not concealed any material information that may debar my candidature for the post applied for and I am fulfilling the eligibility conditions . I have also gone through the recruitment rules for the post and as per RR I am eligible for the post. In the event of suppression or distortion of any fact in my application form, I understand that I will be denied any employment in the organization and if already employed on any of the posts in the organization; my services will be terminated forthwith.

Place:

Date:

Signature of the Applicant

GENERAL INSTRUCTIONS TO CANDIDATES

1. How to fill the application?

- 1.1 All the columns are compulsory. If any column is not applicable or no information is there to be furnished write 'Not applicable' or 'N/A'. Any other answers will render the application invalid.**
- 1.2 Incomplete/invalid application:** If any column is left unfilled, such an application will be treated as incomplete/invalid and will be rejected summarily.
- 1.3** Instructions are provided below for each column in the application. Please read the instructions before filling the application.
- 1.4 Application Fee:** A fee of **Rs. 1000.00(Rupees One Thousand Only)** for application can be paid via demand draft in favour of “ CENTRAL MEDICAL SERVICES SOCIETY “ Payable at New Delhi OR by online payment as per accounts details :

NAME OF ACCOUNT	CENTRAL MEDICAL SERVICES SOCIETY
BANK NAME	STATE BANK OF INDIA
BRANCH NAME WITH ADDRESS	NIRMAN BHAWAN, MAULANA AZAD ROAD, NEW DELHI-110011
BANK ACCOUNT NUMBER	32719062216
IFSC CODE	SBIN0000583
MICR CODE	110002092

Column No.	Description	Instructions
---	Photo	Affix a self-attested recent passport size photograph
---	Name of the post.	Should be exactly as stated in the Advertisement. Do not write Post No. or anything else.
01.	Name in full	As stated in SSLC/10 th standard certificate. If the name has been changed, enclose a self-attested copy of document of name change without fail.
02.	Father's/Husband's name	Married female candidates may, at their option, state their husband's name.
03.	Date of birth	As mentioned in SSLC/10 th standard certificate.
04.	Postal address for communication	Please write complete postal address with PIN Code. Please note that the CMSS will not accept change of address, even if communicated, after tendering the application. In case you change the address after tendering the application, please make your own arrangements with concerned person/authorities for redirecting/receiving the communication to your new address. Please mention E-mail Id & Mobile No..
05.	Permanent address	Please write complete postal address with PIN Code. If this address is the same as that of postal address for communication, you may state 'Same as postal addresses.
06.	Religion	Please state the religion.
07.	Nationality	Please state Nationality
08.	Gender	Please Mention
09.	Category	Please write the category.
10.	Person with Disability	Strike out the incorrect answer. Person with Disability should attach copy of self-attested medical certificate showing percentage of disability of not less than 40%.
11.	Have you ever been	Please write yes/No. If Yes give details

	convicted by a Court of Law or is there any criminal/ disciplinary/ vigilance case pending against you?	
12.	Essential educational, professional, and technical qualifications	Essential qualification: Please note that holding the essential qualification is a must. The application of a candidate not having essential qualification will be summarily rejected even if such a candidate possesses one or more higher qualifications
13.	Details of employment and experience	If the advertisement prescribes possession of employment or experience, details should be furnished in this column. Please provide complete information and attach self-attested copies of certificates. Essential Educational Qualification and Experience. Please note that past experience certificate/terms of reference/appointment letter/ published RR/ job description for the post held to see if applicant meets the requirement. Any of these must be attached as a proof.
14.	Pay in the pay band and Grade Pay/Pay in the Pay Scale, and total emoluments or consolidated emoluments drawn in the post currently held.	Please furnish complete information. If not employed state 'Not applicable'. If not employed in a pay band, write the pay, pay scale or pay range, etc., or consolidated pay as per terms of employment.
15.	Referees	Please furnish complete detail of referee.
16.	Details of enclosure	Please write the details of enclosures in the order in which they are attached. Serially number the enclosures.
17.	Address for forwarding application	Applications complete in all respects to be sent in a sealed envelope marked as <u>"Application for the post of" ASSISTANT GENERAL MANAGER(QUALITYASSURANCE)at Central Medical Services Society"</u> to the address The General Manager (Administration), Central Medical Services Society, 2nd Floor, VishwaYuvak Kendra, Teen MurtiMarg, Chanakyapuri, New Delhi-110021. The last date of receipt of application is 07.01.2022. Incomplete applications, or those received after the last date will not be entertained. CMSS will not be responsible for any postal delays. No application will be received after 5.30 PM. on closing date.