

8) Academic Qualification:

Sl. No.	School/Board/Univ./Inst.	Degree/Diploma	Year of Passing	Duration	Percentage of marks obtained

9) Additional Qualification(If any):

10) Present Occupation(If any):

a. Designation.....

b. Name & Address of Employer/Organization

.....

Experience:

Sl. No.	Name of the Organization	Name of the Post	Experience		Whether the job is permanent/contractual	Nature of Work Done	Experience Certificate Enclosed (Y/N)
			Year	Month			

11) Language Known:

Language	Reading	Writing	Speaking

Check List of documents (Put Tick mark in the Box)

Sl. No.	Documents	Y/N	No. of documents enclosed (Photocopies)
1	Proof of age		
2	Proof of Academic qualification		
3	Proof of working experience		
4	Copies of recent passport size photographs		
5	No objection from present employer		
6	Registration certificate under West Bengal Medical Council		

Declaration: I do hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. The details mentioned in the Application are true and I shall furnish the necessary documents in original whenever required.

If any information/details found to be incorrect/false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my engagement likely to be terminated.

Date:

Place:

Full Signature of the candidate