

10. Registration in Indian Medical Council / Nursing Council/ others: State:
(Enclose attested photo copies of the certificate) No.:

Date:

11. Experience : (Enclose attested photo copies of the certificates)

	Designation	Institution (Name & Place)	From			To			Duration (Yrs)	Salary (Rs.)	
			day	mon	year	day	mon	year			
1											
2											
3											
4											

12. Employment Exchange Reg. No.:

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13. Any other relevant information:

Checked by

Verified by

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found incorrect or suppressed, my candidature at any stage is liable to be cancelled. I further understand that in case I am appointed on the basis of false and untrue information furnished, my services are liable to be terminated forthwith without any notice.

Date:

Signature of the Candidate

List of documents Enclosed:

- 1.
- 2.
- 3.