

(4)

**APPLICATION FORM**

(Appointment of Contractual Doctor / Specialist under Health and Family Welfare Department, Government of Odisha of Bargarh District)

| Advertisement No   |            |                           |                | Photograph                                 |               |          |                    |
|--|------------|---------------------------|----------------|--|---------------|----------|--------------------|
| Name of the Post   |            |                           |                |  |               |          |                    |
|  |            |                           |                | Identity Proof No                          |               |          |                    |
| Applicant Name   |            |                           |                |  |               |          |                    |
| Father's Name  |            |                           |                |  |               |          |                    |
| Date of Birth  |            | District of Domicile      |                | Sex  |               |          |                    |
| Present Contact Address                                      |            |                           |                | Contact Telephone No                       |               |          |                    |
| Permanent Contract Address                                   |            |                           |                | Mobile No                                  |               |          |                    |
| E-mail address   |            |                           |                |  |               |          |                    |
| Language spoken / Written                                    |            |                           |                |  |               |          |                    |
| Professional Qualification details                           |            |                           |                |  |               |          |                    |
| Sl. No   | Exam assed | Name of Board/ University | Year of Pasing | Marks (Excluding 4 <sup>th</sup> Optional) |               |          |                    |
|  |            |                           |                | Full Mark                                  | Marks Secured | %of Mrks | Duration of Course |
|  |            |                           |                |  |               |          |                    |
|  |            |                           |                |  |               |          |                    |
|  |            |                           |                |  |               |          |                    |
| Employment Record  |            |                           |                |  |               |          |                    |
| Total Years of post qualification Experience                 |            |                           |                |  |               |          |                    |
| Experience Details (Starting from Present / Last employment) |            |                           |                |  |               |          |                    |
| Name of the employer Post Held                               |            | Post Held                 | From Date      | To Date                                    | Total         |          |                    |
|  |            |                           |                |  | Year          | Month    |                    |
|  |            |                           |                |  |               |          |                    |
|  |            |                           |                |  |               |          |                    |

Declaration: I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if at any state, it is found that any of the above material information is false / incorrect or is suppressed by me, my candidature / appointment under Health & Family Welfare Department ( OSH&FW), Odisha is liable to be rejected / terminated . I also declare that I have never been disengaged under Health & Family Welfare Department, Govt. of Odisha on administrative ground such as disobedience / poor performance / misbehaviour / criminal activity etc.

Date  
Place

Full Signature of the Applicant

List of Enclosure(s)

1. HSCE Pass Certificate with
2. +2 Pass Certificate
3. MBBS Pass Certificate
4. Horsemanship completion certificate
5. Odisha Medical Counselling Registration Certificate
6. Proof of ID (Aadhaar Card )
7. Passport Photograph ( Recent )

*[Signature]*  
02.2.2024  
CDM & PHD  
Bargarh