

APPLICATION FORM

(Appointment of Contractual Doctors under Health & Family Welfare Department., Govt. of Odisha)

Advertisement No.					Photograph		
Name of the Post					Identity Proof No.		
1.Applicant Name:							
2.Father's Name:							
3. Date of Birth:			4.District of Domicile:		5.Sex:		
6. Age as on date of walk-in-interview/counselling:							
7. Present Contact Address:					8.Contact Telephone No.:		
Permanent Contact Address:					Mobile No.:		
9.E-mail Address:							
10.Language spoken/written:							
11.Professional Qualification details:							
Sl. No.	Exam Passed	Name of Board/University	Year of passing	Marks (excluding 4 th optional)			Duration of course
				Full Mark	Marks secured	%of Marks	