

प्रधान कार्यालय, बड़ौदा / HEAD OFFICE, BARODA

ANNEXURE

Application for PART TIME MEDICAL CONSULTANT

Please affix  
photograph here

(ALL IN CAPITAL)

1. NAME : \_\_\_\_\_  
(Surname) (Name) (Middle Name)
2. FATHER'S NAME : \_\_\_\_\_
3. (a) DATE OF BIRTH : \_\_\_\_\_  
(b) AGE IN YEARS : \_\_\_\_\_
4. NATIONALITY : \_\_\_\_\_
5. MARITAL STATUS : \_\_\_\_\_
6. (a) ADDRESS : \_\_\_\_\_  
(PERMANENT)  
\_\_\_\_\_  
\_\_\_\_\_  
CITY PIN
- (b) ADDRESS FOR COMMUNICATION : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY PIN

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7. CONTACT DETAILS

RESIDENCE : \_\_\_\_\_  
MOBILE : \_\_\_\_\_  
EMAIL ID : \_\_\_\_\_

8. EDUCATIONAL QUALIFICATIONS:

Exam Passed	Year of Passing	University/ Board	Name of Institution	% age/ Marks	Grade

9. EXPERIENCE:

S. No.	Name of the Organization (starting with the present employer)	From Date	To Date	Posted at	Designation

I hereby declare that the information furnished above is true.

(Attach the copy of the Educational Qualifications, Experience Certificate, Adhaar Card & PAN Card)

Date:

Place:

\_\_\_\_\_  
(Signature of the Candidate)