

NATIONAL AIDS CONTROL PROGRAMME DISTRICT KAITHAL

NAME OF THE POST APPLIED FOR: Medical Officer (ART Centre)

NAME OF THE DISTRICT : Kaithal

1. Name of the Candidate :

2. Father's/ Husband Name :

3. Sex :

4. Date of Birth :
(DD/MM/YYYY)

5. Category to which belong :

6. Telephone / Mobile No. :

7. E-mail :

8. Permanent Address :

(Applicant must be permanent resident of

Hayrana & Bonafide domicile certificate

from Executive Magistrate should be furnished)

(Proof of Residence also be attached with the application)

9. Have passed Hindi/ Sanskrit up to Matric (Yes/No):

10. Educational/ Professional Qualification :

Examination Passed	Board/ University	Year of Passing	Maximum Marks	Marks obtained	%age of Marks obtained
10 th					
10+2					
MBBS					
Post Graduation/ MD					
Any other Course / Diploma etc.					
MBBS Registration With Medical Council	Signature of the Candidate				

Signatures of the Candidate

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12. Any Experience after completion of qualification

Name of Institution / Organization	Designation	From	To	Pay / Salary / Honorarium p.m.	Total Period

13. Knowledge of Computer :

14. Detail of documents attached:
along with page marking &
Total No. of Pages attached.

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15. Declaration: I hereby declare that

1. All statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after the interview/ selection/ appointment, my candidature may be cancelled and action can be taken against me.
2. I have read the provisions in advertisement carefully and I hereby undertake to abide by them. I fulfill all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed in the advertisement and other relevant rules and instructions.
3. I have never been convicted by criminal court.

Date:

Place:

Signatures of the Candidate