

FORM OF APPLICATION FOR ENGAGEMENT OF DOCTOR ON CONTRACTUAL BASIS

01. Name in full : _____
(In Capital Letters)
02. Father's /Husband's Name in full : _____
03. Date of Birth : _____
04. Age as on 15.07.2020 : _____
05. Nationality : _____
06. Religion : _____
07. Gender : _____
08. Marital Status : _____
09. Present Address : _____
(With Mobile No. & E-Mail address _____
If any) _____
10. Permanent Address : _____

Paste a recent
passport sized
photograph and sign
it across

11. Details of Academic/Professional Qualification:

Exam. Passed	Name of the Institution/ Council/ Board/University	Year of Passing	Class/ Division	Main Subjects	% of marks obtained

12. Experience /Specialised Training if any:

Name of the Organisation/Institution	Period of Work Experience/Training		Total Years and Months of service/ Training	Nature of Work/ Training	Remarks
	From	To			

13. Valid Medical Registration certificate No. : _____ Valid till: _____
14. Whether SC/ST/OBC/PWD : _____
15. Name of the Employment Exchange & Registration No . _____
16. Type of Identify proof & No. : _____

The information furnished above is true and correct. If the information furnished or documents submitted by me are found to be false/ incorrect at any point of time my engagement contractual doctor will be terminated by NALCO without assigning any reason.

Date: _____
Place : _____

SIGNATURE OF THE CANDIDATE