

# **APPLICATION FORM FOR THE POST OF PARA MEDICAL STAFF ON CONTRACT BASIS**

Category of post applied for \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_

(In capital letter)

2. Father's name \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Age on 01.03.2020 Year \_\_\_\_\_ Months \_\_\_\_\_

Days \_\_\_\_\_

5. Category (SC/ST/OBC) \_\_\_\_\_ (Attach Certificate in format )

6. Permanent residential address \_\_\_\_\_

7. Address for correspondence \_\_\_\_\_

8. Mobile

Number \_\_\_\_\_

9. Educational Qualifications

SN	Exam. Passed	Name of Board / State	Passing Year	Percentage of Marks obtained

10. Technical Qualifications

S N	Name of Course	Name of Institution	Council /University Affiliated	Passing Year	Percentage Of Marks obtained	Registration Number etc.

11. Extra Qualifications, if any \_\_\_\_\_

12. Present employment if any \_\_\_\_\_

13. Identification Marks (i) \_\_\_\_\_  
(ii) \_\_\_\_\_

**Declaration:** I hereby declare that the facts & evidences given by me in the above are true, complete & correct to the best of my knowledge and belief. In the event of any mis-statement/discrepancy in the particulars being detected at any stage, my candidature /service may be cancelled/terminated without any notice.

Place \_\_\_\_\_

Date \_\_\_\_\_

(Signature of Candidate)

Attested copy attached:

1.

2.

3.

*[Signature]*  
24/10/2024