

Application form for engagement of Nurse/Lab Technician (Radiology)/Ward Boys/Girls on temporary contract basis in NEC

			Po	st Ap	plied	for	;		
Name								Recent passport size self-	
Father	s/Spouse's Nam	е					att	ested phot	0
Gende	<u> </u>								
Nationa	ality			×	41.00				
Catego SC/ST/	ory OBC(NCL)		Religion						·····
Date o	f birth		Date of Retirement/Separation (if applicable)				of	Grade/post at the time of retirement/separation (if applicable)	
DE.					9				
	8'	Address	s for co	mmu	nicat	ion			
House	No./Flat No.								
Street:				2					20
Post O	ffice				Pin	cod	e:	, .	
District			Sta	ate					
Mobile	No.		En	nail ID					
PAN N	o.		Aa	dhar	No.				
-	-		alification						
		(Nurse, Lab Te	echnicia Boys/		adiolo	gy),	Ward		
SI.No.	Examination passed	Specialization (if applicable)	Year	ear of N				Jniversity	% of marks
	9								
							A		
	× 1				-				,
			-						
-				-					

Details to be filled by ex-employee of NEC/CIL

SI. No.	Name of organization	Post held	Employee No.		From Date		To date
	-						
			- 1				
					-		
Performance ratings of last 5 years(Certificate by ex-employer to be enclosed with the application)			Year 1	Year 2	Year 3	Year 4	Year 5
							×
Details of Punishment, if any, in the last 5 years of service (Certificate by ex-employer to							
be enclosed with the application)							
Details of performance/disciplinary certificate for private practitioner/private					-		***************************************
sector experience holders (self-certified certificate to							
be enclosed with the application)							

Enclosures:

The following documents are to be enclosed along with the application form in 2 (two) copies:

- 1. Passport size photograph.
- 2. Self-attested copy of proof of Date of Birth
- 3. Self-attested copy of Qualification certificates
- 4. Self-attested copy of Superannuation/relieving letter from ex-employer
- 5. Self-attested copy of self-certified experience certificate along with performance/disciplinary certificate to be produced by ex-employee of CIL/Govt. Organization/PSUs/Private Organization/Private Practitioner etc.

Note:

Any application which is incomplete or any discrepancy is found in the information w.r.t. the eligibility criteria, then such candidate will not be considered for personal interview/selection.

Declaration:

I do hereby declare that the above information as furnished by me is true to the best of my knowledge. I also give undertaking that at any point of time, if any of the above information is found false, it will automatically lead to cancellation of my contract and will also make me liable for prosecution under law.

I also certify that I am not facing any charge nor have been convicted in any corruption/illegal gratification/criminal case.

Station:			Signature o	of the Applican
Dato				