

CENTRAL MEDICAL SERVICES SOCIETY
(An Autonomous Body under Ministry of Health & Family Welfare, Govt. of India)
2nd Floor, Vishwa Yuvak Kendra, Teen Murti Marg, Chanakyapuri, New Delhi-110021
Phone: 011-21410905/6 Website: www.cmss.gov.in

Advt. No.: CMSS/AN/015 dated 26.10.2023 & Application for the post of: -----

[Please read General Terms & conditions before filling up the application.]

For office use only

Application No.

Affix a recent
passport size
photograph duly
signed by the
candidate

Bank details for Application Fee of Rs.100.00

- i. Bank Draft No: _____ Date: _____
- ii. Payable at : _____
- iii. In case the amount remitted online, please provide details: _____

Name of the post applied for (As in advertisement)		
01.	Full Name (in capital letters) [as stated in 10 th standard marks sheet]	
02.	Father's Name	
03.	Marital Status (Spouse Name)	
04.	Date of birth (DD/MM/YYYY) [As stated in 10 th standard marks sheet] Age as on 08.12.2023	
05.	Address for correspondence with PIN code, E-mail & Contact no. (Mail Id and Mobile are mandatory)	Mail Id: Alternate Mail Id: Mobile No: Alternate Mobile No:
06.	Permanent address [Candidates to mention e-mail id, mobile/landline number.] [If permanent address is the same as correspondence write 'same as correspondence address.']	Mail Id: Mobile No:
07.	Religion	
08.	Nationality	
09.	Gender (Male/Female/TG)	
10.	Category (SC /ST/OBC/Gen/ Ex-Serviceman/PwD)	
11.	Whether any criminal case/ disciplinary/ vigilance case pending against you? If YES please give details in separate sheets.	
12.	Whether you were convicted by any court at any time in your life ? If YES please give details in separate sheets.	
13.	Have you ever filed any case against any Government body/ Autonomous Bodies/ PSU's & Private Sector. If YES please give details in separate sheets.	
14.	Whether any financial liabilities / any other obligations are pending with previous / present employer ? If YES please give details in separate sheets.	
15.	Whether you have any conflict of interest with or pecuniary interest that you could derive by working in this assignment with Government of India. If YES please give details in separate sheets.	



16.	Educational & Professional Qualification					
Examination Passed	Name of the Board/ University	Duration of Degree/ Diploma	Year of Passing	% of Marks / CGPA	Division/ Class	Subjects / Stream
10 th Standard / Equivalent						
12 th Standard / Equivalent						
Graduation						
Post-Graduation						
Any Others						

17. Details of employment and experience in reverse chronological order (Attach self-attested copies of Certificates with details of job description/TOR/ Appointment letter mentioning the job profile meeting the Column -7 of Recruitment Rules of the post.

Department/ Institute/ Office	Post held	Government/Private Sector	Regular/Permanent/Contract	Period of employment		Duration (Y & M)	Gross Salary per Month
				From dd/mm/yy	To dd/mm/yy		



18.	Name and address of Reference : (References should be familiar with your academic / professional / work and should not be relatives)	
I.	Name Designation Postal address Phone number & E-mail id	
II.	Name Designation Postal address Phone number & E-mail id	
III.	Name Designation Postal address Phone number & E-mail id	

19. Details of enclosures: Candidate should attach proof of application fee DD/NEFT details, self-attested copies of qualification & experience. If space is not sufficient, attach separate sheet in the format given below):

Sl.	Description	Page No.

20. I hereby declare that I fully meet the eligibility requirement mentioned at Sr No. 6 & 7 of the Recruitment Rule of the Post & attached all the documents above at (Sr. No. 19 : Detail of Enclosures) in support of meeting the minimum eligibility of the applied post (i.e Age, Educational Qualification & Past Experience requirement).

DECLARATION

- 1) I hereby declare that I have carefully read and understood the 'General Terms & Conditions' and that all the entries in this form are true to the best of my knowledge and belief.
- 2) I have enclosed the demand draft No:----- dated --/--/----- of ----- bank in favour of "CENTRAL MEDICAL SERVICES SOCIETY" payable at NEW DELHI / Enclosed the UTR./NEFT details .----- of -----bank.
- 3) I undertake to submit the original documentary proof in respect of educational qualifications, working experience, date of birth, address and all other documents submitted by me as and when asked.
- 4) If detained, convicted, debarred etc. subsequent to the completion and submission of the form, the details will be communicated immediately to CMSS, H.Q, failing which it will be deemed to be suppression of factual information.
- 5) I also declare that I have not concealed any material information that may debar my candidature for the post applied for and I am fulfilling the eligibility conditions. I have also gone through the recruitment rules for the post and as per RR I am eligible for the post. In the event of suppression or distortion of any fact in my application form, I understand that I will be denied any employment in the organization and if already employed on any of the posts in the organization; my services will be terminated forthwith.

Place:
Date:

Name and
Signature of the Applicant

