

BIO-DATA

Affix recent passport
size colour
photograph

Consultant
(General Physician / Gynecologist / Dentist / Physiotherapist)

1.	Name (in Block Letters) :	
	Address (in Block Letters) for correspondence	
	E-mail ID :	
	Contact Number :	
	AADHAR / PAN Card No.	
2.	Date of Birth (in Christian era)	
3.	Educational Qualification possessed :	
	(i) MBBS or its equivalent	
	(ii) BDS	
	(iii) BPT	
	(iv) Additional Qualification	
	Experience Possessed:	No of Years
	(i)	
	(ii)	
4.	Proposed Total Contract Value (for 03 years)	
5.	Please state clearly whether in light of entries made by you above, you meet the eligibility criteria for the position.	Please write : (Yes/No)
6.	Additional information, if any, relevant to the position you applied for in support of suitability for the same. (Note : Enclose a separate sheet duly signed, if the space is insufficient)	

DECLARATION

I have gone through the advertisement carefully and I am well aware that the information given in the Bio data duly supported by the documents submitted by me, in respect of Qualification and Experience as mentioned above. The information/details provided by me are correct and true to the best of my knowledge and no material fact having a bearing on my selection has been suppressed/ withheld. I further undertake if selected, I will not take any other assignment during the period of consultancy

Date : _____

Signature of candidate _____



UNDERTAKING

(For Doctors & Physiotherapist)

Certified that I am aware about the evaluation/selection criteria *i.e.* Quality & Cost Based Selection Method (QCBS) method in the ratio of 60:40 [60% weightage to quality (qualification, skillset, experience, professional certification, performance in interview, etc.) & 40% on cost (expected/negotiated remuneration)].

I have also been informed that the required infrastructure for carrying out the task in connection with such position would be provided by the department. I hereby quote the "remuneration / value of contract", for the period of 01 years, Rs. _____ (Rupees _____) subject to negotiation in case my selection is considered.

(Signature of Candidate)

Name -

Date -

Place -

UNDERTAKING

(For Dentist)

Certified that I am aware about the evaluation/selection criteria *i.e.* Quality & Cost Based Selection Method (QCBS) method in the ratio of 60:40 [60% weightage to quality (qualification, skillset, experience, professional certification, performance in interview, etc.) & 40% on cost (expected/negotiated remuneration)].

I have also been informed that the required infrastructure for carrying out the task in connection with such position would be provided by the department and the dental chair, consumables and other required equipments will be arranged by the Consultant (Dentist). I hereby quote the "remuneration / value of contract", for the period of 01 years, Rs. _____ (Rupees _____) subject to negotiation in case my selection is considered.

(Signature of Candidate)

Name -

Date -

Place -

