## Application Format

	ril Surgeon, . District General Hospital,	Thar	ne.		Passport Size Photo to be signed by the candidate
1.	Application for the Post	: _			_
2.	Candidates Name	:			
		-	Surname	First Name	Middle Name
3.	Date of Birth	:			
	Age a	is on_	Yea	rsMonth	nsDays
4.	Correspondence Address	:			
5.	Permanent Address	:			
6.	E-mail ID	:			
7.	Tel. No. /Mobile No.	:			
8.	Working knowledge of co	mput	er (MS-CIT etc.)	: Yes	No

10. Educational Qualification :-

Sr.	Educational	Name	of	the	Percentage	Grade
No.	Qualification	University	/ Board	1		

## 11. Experience Details :-

Sr.	Name of the office worked	Designation	Period	Nature of work
No.	before			

13. Any Other Special Qualification :-

Date :

Place :

Candidates Name & Signature