



12. Details of Educational Qualifications			
Examination Passed	University/Board/Institution/Council of Examination	Month, Year of Passing	No. of Extra Attempts
Secondary (10 <sup>th</sup> )			
Senior Secondary (12 <sup>th</sup> )			
MBBS			
Any Other			

13. Work Experience (if any)																
Name of Organization	Period of Service From												Designation	Nature of Duties performs	Total Monthly Emolument	Reason for Leaving Services
	From						To									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

14. Publication	Index National Journal	Index International Journal

15. If Selected, specify the minimum required time to join	
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Bring the original and attested photocopies of related documents and publications at the time of Interview.

16. I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false / incorrect my candidature/services are liable to be terminated without any notice. I ..... agree to abide by the terms and conditions for contractual appointment.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of the Candidate**