

APPLICATION FOR THE POST OF AMO- IPR ON CONTRACT BASIS

1.	Name of the Applicant			
2.	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	
3.	Date of birth & Age	(dd/mm/yy)		Age : ____ Years
4.	Residence Address			Paste your Passport size Photograph here
	Address for correspondence <i>(if different than residence address)</i>			
5.	Telephone Landline No.	_____ (STD Code) _____		
	Cell No(s).	_____		
	Email ID	_____		

Educational qualification:

Sr. No.	Qualification	Period		Name of University	MCI Regn. No. & Date
		From	To		
1.	M.B.B.S.				
2.	Internship				
3.					
4.					

Experience/Medical practice (Please add separate sheet if required)

Name of the Clinic / Hospital : _____

Location address of the Clinic/Hospital:

Clinic Contact No. _____

Practice since (Date) _____ Total years of Practice _____

Attachment with other hospitals/organizations etc.

Sr. No.	Name of organization with address	Designation	Period		Timings	
			From	To	From	To
1.						
2.						
3.						

Details of familiarity with CGHS rules etc., if any.

Note:

- Please enclose the School Leaving Certificate / Birth Certificate issued by the competent authority as age proof.
- Please enclose your MBBS Certificate and mark sheet.
- Please enclosed proof of your MCI Registration No. & Date.
- Please enclose the certificates with regards to the experience.
- All the above documents should be self-attested.

Date: _____

Name and Signature of the Applicant

