**Application From for recruitment of Junior Resident, Senior Resident, Tutor on Contractual Engagement**

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| **APPLICATION FORM** | | | | | | | | |
| Appointment of Doctors (Junior Resident, Senior Resident, Tutor, under contractual basis under Health & Family Welfare Dept. Govt. of Odisha) | | | | | | | | |
| Advertisement No. |  | | | | | | | Photograph |
| Name of the post |  | | | | | | | Identity Proof No. |
| Applicant name | | | | | | | | |
| Father’s Name | | | | | | | | |
| Date of Birth | | | | District of Domicile | | | Sex | |
|  | | | |  | | |  | |
| Age as on Date of Walk- in- interview / counseling | | | | | | | | |
| Present Contact Address | | | | | | | | |
| Permanent Contact Address | | | | | | | | |
| Email Id | | | | | | | | |
| Language spoken/ written | | | | | Contact No. | | | |
| Professional Qualification Details | | | | | | | | |
| Sl. No. | Exam Passed | | Name of Board/University | Year of Passing | Marks (excluding 4th Optional) | | | Duration of course |
| Full Mark | Marks Secured | % of marks |
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| Employment Record | | | | | | | | |
| Total years of post qualification experience | | | | | | | | |
| Experience details (starting from present till last employment) | | | | | | | | |
| Name of the employer | Post held | | From date | To date | Total | | | |
|  |  | |  |  | Year | | Month | |
| Declaration :- I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if at any stage it is found that, any of the material information is false, incorrect and suppressed by me my candidature / appointment under the Health & Family welfare Department, Odisha is liable to be rejected / terminated. I also declare that, I have never been disengaged under Health & Family welfare Department, Govt. of Odisha under administrative grounds such as Disobedience / Poor Performance / Misbehavior / Criminal Activity etc. | | | | | | | | |
| Date | |  | | Full Signature of the applicant | | | |  |
| Place | |  | |  | | | | |
| List of enclosures | | | | | | | | |
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