

Application Form for recruitment of Professor, Associate Professor, Assistant Professor, Senior Resident/Tutor and Junior Resident on Contractual Engagement

APPLICATION FORM		
Appointment of Doctors (Professor, Associate Professor, Assistant Professor, 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 4 th Optional)			Duration of course
				Full Mark	Marks Secured	% of marks	

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			