

**APPLICATION FORM FOR ENGAGEMENT AS PART TIME MEDICAL OFFICER IN TELECOM REGULATORY AUTHORITY OF INDIA HEADQUARTER AT NEW DELHI**

Attested  
photograph

1. Name of the post : Part-Time Medical Officer (Allopathic)  
on contract basis
2. Full Name (in Capital Letters) :.....
3. Father's Name :.....
4. Age & Date of Birth : Age.....Date of Birth.....
5. Address for (Correspondence) :.....  
:.....  
:.....PIN.....
6. Permanent Address :.....  
:.....  
:.....PIN.....
7. Sex : Male ( ) Female ( )
8. Contact details : Landline.....  
Mobile:.....  
Email:.....
9. Educational Qualifications:

Level	Year of Passing	Division/ Grade	University	Subject specialization
MBBS				
M.D.				

(please attach certified copies of degree)

Contd..P/2



10. Details of Employment in chronological order:  
(Use Separate sheets if the space provided is not sufficient)

Name of the office	Post Held	Ad-hoc/Temp/Regular/Pmt.	Exact dates to be given	Total period (in Years)	Scale of Pay	Nature of Duties

Use separate sheet, if required (Please attach proof of experience where available)

11. Date of retirement from the Govt. Service, if applicable:.....
12. Details of Present employment : .....  
(Wherever applicable)
13. Details of certified photocopies of certificates are to be enclosed.
- (a) SSC Certificate (as proof of age)
  - (b) A Degree in MBBS, MD or equivalent
  - (c) Registration Certificate
  - (d) Copy of any one as proof of identity: Voter ID Card/Driving License/Aadhar Card/Passport
  - (e) Copy of any one as proof of residence: Water Utility / Telephone Bill/ Electricity bill
  - (f) Two copies of latest passport size photographs
  - (g) The experience should be mentioned separately in tabular form stating
    - 1) Central/State Govt. Service
    - 2) Govt. Hospitals/ Institutions/ Dispensaries
    - 3) PSUs and
    - 4) Private Sector Hospitals/ Institutions/Charitable Dispensaries
    - etc.
  - (h) Two references



I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the concerned authorities if I am declared by them to be guilty of any type of misconduct mentioned herein.

(Signature of the applicant)

Name: \_\_\_\_\_

Dated:

Place:

