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APPLICATION FOR ENGAGEMENT OF DOCTOR'S AT NFL HOSPITAL, BATHINDA (PB.) ON CONTRACTUAL BASIS
[Advertisement No. 02(Contractual)/2025/Doctor dated 19.03.2025]

APPLICATION PROFORMA
(TO BE FILLED IN CAPITAL LETTERS ONLY)

(1)	POST APPLIED FOR		Doctor	<i>Paste your recent passport size colour photograph duly signed across</i>	
(2)	NAME IN FULL				
(3)	FATHER'S NAME				
(4)	DATE OF BIRTH :	/...../.....		
(5)	GENDER :				
(6)	MARITAL STATUS				
(7)	NATIONALITY				
(8)	MOBILE NO. :				
(9)	EMAIL ID				
(10)	CORRESPONDENCE ADDRESS:		PERMANENT ADDRESS:		
	PIN		PIN		
	STATE		STATE		
EDUCATIONAL QUALIFICATIONS:					
(11)	QUALIFICATION	SPECIALIZATION	NAME OF THE BOARD/COUNCIL/UNIVERSITY	YEAR OF PASSING	
a)	MATRIC				
b)	+2 SCIENCE				
c)	MBBS				
d)	MD				
(12)	EXPERIENCE:				
	NAME OF THE EMPLOYER	FROM	TO	TOTAL PERIOD	REASON FOR LEAVING

(13) Medical Council Registration No. : Date :
State : Valid upto :

(14) Whether presently employed with any PSUs / Autonomous Body / Govt. Department? YES / NO
If Yes, Name & Address of the Present Employer

DECLARATION:

I do hereby declare that all the above information given by me is correct. I understand that false statement and/or suppression of any material fact in this application will be considered sufficient cause for rejection of my application / candidature without notice. I agree to abide by the terms and conditions as mentioned in the Advt02(Contractual)/2025/Doctor dated 19.03.2025.

Date:

Full Signature of the Candidate

NOTE: Applicants are required to submit all relevant certificates / documents in original along with one set of self-attested copies of the same in support of the information given above at the time of Interview.