



THE URBAN HEALTH SOCIETY-A'BAD
HEALTH DEPARTMENT-AMC

Affix your
latest Passport
size
Photograph
duly self
attested

APPLICATION FORM FOR THE POST OF MEDICAL OFFICER

FORM NEED TO BE FILLED IN CAPITAL LETTER ONLY

FOR OFFICE USE ONLY

Application No :

Post Applied For:

1. Name in full _____

Father's/ Husband's Name: _____

Mother's Name: _____

2. Present Address: _____

_____ Mobile No: _____

Permanent address: _____

_____ Tel No: _____

3. Age (in years): Date of Birth: Place Of Birth: _____

4. Email id: _____

5. Full particulars of qualifications acquired commencing from /Diploma/Degree/ Master Degree/
(Please mention about the successfully completed Course only)

| Name of Exam /Degree | School/ College / University | Year of Passing | Class/Division | Rank / % | Trial |
|----------------------|------------------------------|-----------------|----------------|----------|-------|
| FINAL MBBS PART I | | | | | |
| FINAL MBBS PART II | | | | | |
| OTHER, IF ANY | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(A)Any professional/ other training taken detail with duration and name of institute:

6. Computer Knowledge:

| Course Name | University/Center | Class/Division | Year of Passing | Rank /% |
|-------------|-------------------|----------------|-----------------|---------|
| | | | | |
| | | | | |

7. When can you join if offered an appointment?

8. Details of the previous appointment and working experience:

| Name of institution & Department | Designation | Type of Work | From DD/MM/YY | To DD/MM/YY | Total Experience in Years & months |
|----------------------------------|-------------|--------------|---------------|-------------|------------------------------------|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

9. Physiology Details:

| | | | |
|---|--|-------------|--|
| Religion | | Nationality | |
| Marital Status | | | |
| Disability of permanent nature or chronic illness, if Any | | | |

10. Please name two references who are not your relative and who can certify about your Work and conduct:

| | |
|------|------|
| (1). | (2). |
|------|------|

11. Any other relevant Information:

I solemnly declare that the particulars furnished in this application are true and correct. I clearly understand that any misstatement of fact contained herein or willful concealment of any material fact will render me liable to appropriate action as may be decided by UHS-AMC. I accept all the terms & conditions mention in the advertisement issued by The Urban Health Society, Ahmedabad.

Place:

Date :

Signature :

N.B. (1) Candidates should furnish with this application true copies of all the certificate, testimonials of education qualification from S.S.C. Onwards and experience & computer etc., duly certified by Gazetted Officers.

(2) Application with incomplete information will not be accepted.

(3) The application should be in the candidate's own handwriting.

ENCLOSURES

| Sr. No. | Documents | Page no. |
|---------|---|----------|
| 1 | Proof of Birth (Birth certificate or school leavening certificate) | |
| 2 | All year Degree Mark Sheets (including mark sheet of failure) | |
| 3 | Mark sheet & Degree Certificate of any additional Qualification (including mark sheet of failure) | |
| 4 | Degree Certificate | |
| 5 | PG Degree Certificate – if available | |
| 6 | Experience Certificate | |
| 7 | Computer Certificate | |
| 8 | Gujarat council registration Certificate | |
| 9 | Any other documents (mention) | |