|  |  |
| --- | --- |
| Mono_DRPCAU (2) | **Dr. Rajendra Prasad Central Agricultural University**  Pusa, Samastipur, Bihar -848125 |

**Application Form for the post of Medical Officer (Contractual)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(For office use only)**  **Eligible:** ………………………………………………………….. (Yes / No)  If not Eligible, reason thereof: ………………………………………………………………………………..  ……………………………………………………………………………………………………………………………..  **(Signatures of Screening Committee Members)** | | | | | | | | | *Paste your recent passport size photograph here and sign across the photo so that part of signature should be on form* | |
| **1** | **Name**  **(In Capital Letters)** | **First Name** | | | | **Middle Name** | | **Surname** | | |
|  | | | |  | |  | | |
| **2** | **Date of birth** | **Day** | | **Month** | **Year** | **Age as on last date of advertisement** | | **Years** | | **Months** |
|  | |  |  |  | |  |
| **3** | **Place of birth** | ***City/Village*** | | | | ***State*** | | ***Country*** | | |
|  | | | |  | |  | | |
| **4** | **Mother's Name** |  | | | | | | | | |
| **5** | **Father's Name** |  | | | | | | | | |
| **6** | **Address** | **Correspondence** | | | | | **Permanent** | | | |
| **City:**  **District:**  **State:**  **Pin Code:**  **Mobile:**  **Email:** | | | | | **City:**  **District:**  **State:**  **Pin Code:**  **Mobile:**  **Email:** | | | |
| **7** | **Nationality** |  | | | | | | | | |
| **8** | **Sex** | Male/ Female/Transgender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **9** | **Community/ Category**  **(Please strike out whichever options are not applicable)** | | UR/OBC/SC/ST/EWS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sl. No. of proof enclosed (if belongs to Reserved Category): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **10** | **Marital status** | | Married/Unmarried/Divorced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If married, name of spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **11** | **MCI Registration Number** | | Sl. No. of proof enclosed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **12. Educational Qualifications** *(Attach additional pages, if required)* | | | | | | | | | | | | | | | |
|  | | **Name of course** | **Name of the Board/ University** | | **Year passed** | | **Division** | **CGPA**  **(if grading is applicable)** | | **% of Marks (pl. indicates equivalent to CGPA also)** | | **Subjects studied** | | | **Sl. No. of proof of enclosure** |
| *(a)* | *(b)* | | *(c)* | | *(d)* | *(e)* | | *(f)* | | *(g)* | | | *(h)* |
| *10th Class / equivalent* | |  |  | |  | |  |  | |  | |  | | |  |
| *10+2/Higher Secondary/ equivalent* | |  |  | |  | |  |  | |  | |  | | |  |
| *MBBS* | |  |  | |  | |  |  | |  | |  | | |  |
| *M.D/M.S* | |  |  | |  | |  |  | |  | |  | | |  |
| *Any other exams passed* | | | **Name of Course/Subject** | | | | | | **Roll No.** | | | | **Year** | **Sl. No. of Proof of enclosure** | |
|  | | | | | |  | | | |  |  | |
|  | | | | | |  | | | |  |  | |
| **13. Chronological list of Experience** *(starting from current position/ employment)* | | | | | | | | | | | | | | | |
| **Designation** | **Name & address of employer** | | | **Period of Experience** | | | | | | | **Nature of work/ duties** | | | | **Sl. No. of proof of enclosure** |
| **From** | | **To** | | **No. of Years/ Months (As on last date of advertisement)** | | |
| *(a)* | *(b)* | | | *(c)* | | *(d)* | | *(e)* | | | *(f)* | | | | *(g)* |
|  |  | | |  | |  | |  | | |  | | | |  |
|  |  | | |  | |  | |  | | |  | | | |  |
|  |  | | |  | |  | |  | | |  | | | |  |
|  |  | | |  | |  | |  | | |  | | | |  |

\* *(Add separate sheet if required, to be annexed at relevant S. No.)*

14. Have you ever been punished during your studies at College/University? (Yes/No) :

15. Have you ever been punished during your service or convicted by a court of law? (Yes/No) :

16. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No) :

17. Do you have any case pending against you in anycourt of law? (Yes/No) :

**18. Any other information/qualification relevant to the post applied for:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **19. Declaration** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect or ineligibility being detected before or after the Selection Committee and Board of Management meetings, my candidature/appointment may be cancelled by the University.  I have never been convicted or contemplated for any unlawful activity.  Signature of the Applicant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Name as signed (in BLOCK LETTER)  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\*Application not signed by the candidate is liable to be rejected* |

**Please tick the enclosures attached**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.** | **Check List** | **Sl. No. of enclosure** | **No. of Sheets** |
|  | Matric/Secondary/High School (10th Class) Marks Sheet |  |  |
|  | Matric/Secondary/High School (10th Class) Certificate |  |  |
|  | Sr. Secondary/Intermediate (12thClass) Marks Sheet |  |  |
|  | Sr. Secondary/Intermediate (12thClass) School Certificate |  |  |
|  | Bachelor's Degree Final Year Marks Sheet |  |  |
|  | Bachelors' Degree |  |  |
|  | Master's Degree Final Year Marks Sheet |  |  |
|  | Master's Degree |  |  |
|  | Any other Qualification |  |  |
|  | Caste Certificate issued by the Competent Authority |  |  |
|  | Experience Certificate(s) from previous employer(s) |  |  |
|  | Endorsement from the present employer |  |  |
|  | DD for the application fees (in original) |  |  |
|  | Any other |  |  |

Total number of sheets enclosed\_\_\_\_\_\_\_\_\_ (please give sequential number to each sheet and signature with date).