

**OFFICE OF THE DISTRICT MEDICAL SUPERINTENDENT
DISTRICT HOSPITAL KOLASIB**

APPLICATION FORM

Name of post applying for: _____

PERSONAL INFORMATION

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| Name: Father's Name: Gender: Address: Date of Birth: Mobile No: Email address: | Attach Passport Size Photo here |
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EDUCATIONAL QUALIFICATION

| Qualification | Institute/University | Course duration in years | Year of Passing | % of marks obtained |
|---------------|----------------------|--------------------------|-----------------|---------------------|
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EXPERIENCE DETAILS

| Name of Organization | Designation | Job responsibilities | Year of Service |
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DECLARATION:

I hereby declare that all statements made in this application are true, complete and correct to the best of knowledge and belief. I understand that in the event of any information being found untrue or incorrect at any stage of my not satisfying any of the eligibility criteria stipulated, my candidature is liable to be cancelled.

Signature:**Date:****DOCUMENTS REQUIRED:**

1. Qualification Certificate and Mark sheet
2. Experience Certificate
3. Birth Certificate
4. Computer certificate.
5. Others Relevant Documents.