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**APPLICATION FORM FOR ENGAGEMENT OF RETIRED DOCTORS FROM CENTRAL GOVT./
STATE GOVT./ PSU's AS GENERAL DUTY MEDICAL OFFICER ON CONTRACTUAL BASIS**

ANNEXURE-I

POST APPLIED FOR- GENERAL DUTY MEDICAL OFFICER

| | | |
|----|--|---|
| 1 | Advertisement in Newspaper dated | |
| 2 | Name in full (Block Letters) | |
| 3 | Father's/Husband's Name | |
| 4 | Date of Birth | |
| 5 | Date of appointment (Central Govt./State Govt./PSU)) | |
| 6 | Name of the Department /Institute | |
| 7 | Date of Retirement | |
| 8 | Age on closing date i.e. 15.12.2024 | |
| 9 | Complete Permanent Address | |
| 10 | Complete Correspondence Address | |
| 11 | Telephone /Mobile No. | |
| 12 | Email ID | |
| 13 | Any other information | |
| 14 | Preferred place of posting i.e. Noida /Chandigarh/ Lucknow/ Bhubaneshwar/ Hyderabad/ Mumbai | |
| 15 | Registration with Medical Council | Registration Certificate from Medical Council to be attached |

CHECK-LIST OF DOCUMENTS DULY SELF ATTESTED

| | | |
|---|--|--|
| 1 | Matriculation Marksheet/Certificate of Date of Birth | |
| 2 | UP/PG Degree (as applicable) | |
| 3 | Registration Certificate from Medical Council | |
| 4 | Retirement Order | |

I, solemnly declare that the particulars furnished above are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect/incomplete or ineligibility being detected at any time before or after selection / interview/appointment, my candidature is liable to be rejected and I shall be bound by the decision of the Food Corporation of India. I have read the guidelines and ready to accept all the terms and conditions for engagement of consultant.

Place :

Date:

Signature of Candidate

Full Name of applicant: _____