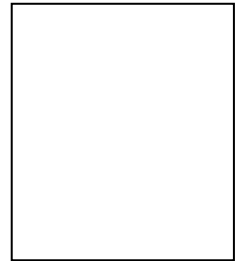


## Application form for N.P.J.R. Post

Post Name \_\_\_\_\_

1. Name of Candidate: \_\_\_\_\_
2. Mother's Name: \_\_\_\_\_
3. Father's Name: \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_
5. Category: \_\_\_\_\_
6. Present Address: \_\_\_\_\_  
\_\_\_\_\_
7. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
8. Mobile No: \_\_\_\_\_



### 9. Educational Qualification :

Passing Exam	Year	Board/University/Name of Medical College	Total Mark	Obtain Mark	Percentage Mark/Attempt
High School					
Intermediate					
M.B.B.S. I Professional					
M.B.B.S. II Professional					
M.B.B.S. III Professional					
M.B.B.S. IV Professional					
Other					

10. Experience : \_\_\_\_\_

11. **Disclaimer:** I hereby inform that each and every information given by me is true from my knowledge. And I fulfilled all the term and condition in the advertisement, if any false information is found in the above information, then my candidature will be automatically cancelled.

Date : \_\_\_\_\_

Signature of Candidate

Place: \_\_\_\_\_