PROFORMA FOR APPLICATION

To
Medical Director
B.R.Hospital/Sealdah
Eastern Railway.

Sub-: Engagement of Specialist/Super Specialist Doctors on Case to Case basis at B.R.Singh Hospital, Sealdah/ER

As per above notification, I hereby apply myself as a Super Specialist /Specialist Doctor for engagement of full time & Surgery case to case basis.

1. Name:-
2. Father's/Husband's Name:-
3. Date of Birth:-
4. Email Id:
5. Address of communication:-
6. Mobile No. with Whatsapp facility:-
7. Nationality:-
8. Educational Qualification/Professional Qualification :-

SN	Qualification	Medical College/ University	Year of passing
1	Graduation (MBBS)		
2	Post Graduation (MD/ MS/ DNB)		
3	Post Graduate Diploma		
4	Any other		

9. Date of Completion of Internship:-
10. Particulars of working as case to case basis of India/State:-

Name of Railway	Engage/Contract Station	Period of Engagement	
		From	To

11. Publications with Details, if ANY:

SN	Journal/ Book	Title of publication	Year of publication

12. Details of Experience :

SN	NAME & ADDRESS OF INSTIUTION	TOTAL PERIOD WITH DATES	NATURE OF JOB RESPONSIBILITIES HELD
1			
2			
3			

13. REGISTRATION DETAILS

MEDICAL COUNCIL OF INDIA / WEST BENGAL MEDICAL COUNCIL
MCI/ WBMC: Regn No: Date:

14. Details of Certificates:

Copies of Documents duly self attested to be submitted with application form (fromS.No.1 to 12):

SN	TYPE Of DOCUMENT SUBMITTED	Whether Submitted (write yes / No)	If NO , Give Reasons there for	Remarks (By the Scrutinizing Official
1	Date of Birth Certificate			
2	Degree Certificate of MBBS			
3	Internship Completion Certificate			
4	Registration Certificate.			
5	POST GRADUATE DEGREE (MCI/SMC recognized only)			
6	POST GRADUATE DIPLOMA Certificate (MCI /SMC recognized only)			
7	Publications & Details			
8	PAN CARD			
9	ADHAR CARD/Voter ID			
10	Proof of Present Address.			
11	Proof of Permanent Address			

DECLARATION:-

I, Dr. (Mr/Ms.) ……s/d/o ……hereby solemnly declare that statements made above by me are correct & true to the best of my knowledge and belief.

Further, I do undertake that the above statements, if found false at any stage in future, my appointment shall be cancelled by the administration and I shall be liable for punitive / disciplinary action whatever deemed fit. The Decision of the Selection Board will be final.

Signature of the Doctor
Full Name:
Address:

Place:-
Date: