

APPLICATION FORMAT

Application form for selection of CMP (Dental Surgeon) at Divisional Railway Hospital Asansol

Photo

1. Name (In Block Letters): _____

2. Father's Name (In Block Letters): _____

3. Address (a) Permanent: _____

(b) Present: _____

(c) Mobile No: _____

(d) E-mail ID: _____

4. Date of birth: _____

5. Age as on 31.01.26 : _____

6. Nationality: _____

7. Whether belonging to SC/ST/OBC (Category): _____

8. Academic qualification with

MDS/ BDS

Name of Institution/University(BDS)	%age of marks obtained	Number of attempts	Avg % of all 04 Profs	Total Marks & Marks obtained	Year of Passing
	1 st Prof				
	2 nd Prof				
	3 rd Prof				
	4 th Prof				

9.

PG/Diploma with Name	Name of Collage/University	Year of Passing

10. Experience, if any after Graduation / Post Graduation (Months/Years & Hospital):-

(a)

(b)

11. Particulars of working as CMP Part Time/Full Time Dental Surgeon, if served earlier in Indian Railway.

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

12. Medical Registration No: _____

DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the particular or information given herein, being found false or incorrect even in any misstatement and / or discrepancy in the particulars my service will be liable to be terminated forthwith independent of any Civil/ Criminal action.

I also hereby declare that in case I am selected and do not join within 15 days of interview, Railway reserves the right not to consider my candidature for any future assignment in Indian Railways. I understand that I am not eligible for any TA/DA for this interview.

(Signature of the applicant)