APPLICATION FOR THE POST OF CHIEF MEDICAL OFFICER

To,
The General Manager (HR&A),
Training, Planning & Allied Services,
Corporate HR&A Department,
8th Floor, 'D' Block,
Vidyut Bhavan,

Space for recent passport size photograph

POST APPLIED FOR : CHIEF MEDICAL OFFICER

NOTIFICATION NO. : EMPLOYMENT NOTIFICATION NO: REC/2026/03

Personal Information			
01.	**NAME IN FULL** (in block letters)		
02.	**FATHER'S / HUSBAND'S NAME**		
03.	**Regd. No under Medical Council**		
04.	**ADDRESS**	(a) Present	
		(b) Permanent	
05.	**DATE OF BIRTH** (attach self attested copy of appropriate certificate)	_____/_____/_____ DD MM YYYY	
06.	**AGE** (As on 01.01.2026)	_____Years_____Months_____ Days	
07.	**GENDER**		
08.	**NATIONALITY**		
09.	**RELIGION**		
10.	**CATEGORY** (Please ✓ against the appropriate option)	General (Unreserved) / Scheduled Caste (SC) / Scheduled Tribe (ST) / Other Backward Class (OBC-A) / Other Backward Class (OBC-B)	
11.	**MARITAL STATUS**		
12.	**MOBILE NO. / LAND LINE NO** (If any)		
13.	**E-MAIL ID**		
14	**LANGUAGES KNOWN**	**Read :**	
		Write :	
		Speak :	
15.	**PRESENT OCCUPATION**		

Sl. No.	**Exam Passed**	**Board / University/Council**	**Year of Passing**	**% of Marks**	**Class / Division**
i.					
ii.					
iii.					
iv.					
v.					

Sl. No.	**Organisation**	**Designation**	**From**	**To**	**Rank/ Designation of immediate Reporting Officer**	**Gross Salary**
i.						
ii.						
iii.						
iv.						

18.	**GRADE PAY /SCALE OF PAY, LAST DRAWN**	
19.	**Whether a State Govt. Pensioner**	
20.	**Whether Covered under WBHS 2008 or CGHS or similar schemes**	
21.	**Joining Time Required, if yes, then mention the time span**	

***** May attach extra sheets if required***

I do, hereby, declare that all the details furnished in this application and the attached documents are true, complete and correct to the best of my knowledge and belief. I, further declare that no vigilance case is pending against me. I understand that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled.

Date: _____

Place:

(Signature of the Candidate)