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\$-\$*					APPLICATION FORM FOR THE POST OF General Duty Medical Officer											Affix your recent stamp size photograph. &								
							(Wr	ite i	in CAPITAL letters only)											1 Extra photo. Do not pin or staple				
ROLL	NO. :	:							(For Offic						ice u	se or	nly)							
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1.	I. Name of the Applicant as in the Certificate of Class – X Board Examination.																							
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8. E-N	IAIL	ID :																						
9. (a)	Ca	tego	ory : (*	🗸 Tic	:k) :	Ge	n	0	BC (C	:L) [OBC	C (SL)		BL		S	Т	SC		PT			
(b)	Do	o you		ng to tificat		categ	gory?	if ye	s,		lssu	ing A	utho	rity:					D	ate: [
(c)																								

10.	Sikkim Subject/Certificate of		Issuing Authority	District	
	Identification No.	:			
11.	Educational Qualification	:			

Details of Educational Qualifications (from X Standard onwards)

SI.	Name of the	Month & Year	Name of the School/college	Name of the Board/	%
No.	Qualifying Exam	of Passing	studied	University	obtained

12. Permanent Address (do not repeat name)

	City	District Pin Code :
13.	Employ	vment Card No. : Issuing Authority District
	(a)	Whether employed : (✓ Tick) Yes No
	(b)	If employed, nature of appointment : (✓ Tick) Regular MR Ad-hoc Contract
	(c)	If employed, name of the Department :
14.		of fee remitted : eceipt No. : Dated : Amount :

Details of Certificates in possession:

SI.	Particulars of Certificates submitted	Certificate Sl. No.	Issuing Authority
No.			
1	Class X Mark sheet		
2	Class X Pass Certificate		
3	Class XII Mark Sheet		
4	Class XII Pass Certificate		
5	Degree Mark sheet		
6	Degree Pass Certificate		
7	Post Graduate Mark Sheet		
8	Post Graduate Certificate		
9	OBC (Central List)/OBC (State List) BL/PT/ST/SC Certificate		
10	Sikkim Subject/Certificate of Identification		
11	If employed, NOC from the employer		
12	Employment Card (renewed)		
13	Unmarried Certificate in case of female candidate (If		
	necessary)		
14	Incase of married female candidates Husband's C.O.I.		
15	Incase of unmarried female candidates father's C.O.I.		
16	Certificate of ESM/SPEA/PWD		
17	Certificate of Internship (if necessary)		

DECLARATION

I hereby declare that, the information furnished above are true and correct to the best of my knowledge and belief. In case, any information furnished is found incorrect, incomplete before issuance of Admit Card and or at any stage of examination, I undertake that my candidature is liable to be rejected.

Signature of the Applicant

Place :

Date :