

# Application Form

(To be filled in by the candidate in his/her own handwriting)

Application for the post \_\_\_\_\_

Department \_\_\_\_\_

1. Full name of the Applicant \_\_\_\_\_
2. Date of Birth with completed age: dd/mm/yr \_\_\_\_ years (Attach matriculation certificate as proof of DOB)
3. Permanent Postal Address with Pin Code  
\_\_\_\_\_  
\_\_\_\_\_
4. Mob. No. (Mandatory) \_\_\_\_\_
5. E-mail (Mandatory) \_\_\_\_\_
6. Educational Qualifications as per eligibility criteria:

Qualification	University	Year of passing/ completion

7. Total Experience: \_\_\_\_ \_\_\_\_ (YY/MM)

(Starting to current employment)

Designation	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months

8. List of Enclosures:

<b>Sr. No</b>	<b>Documents</b>	<b>Attached documents Please write Yes or No</b>
1	Matriculation certificate as proof of DOB	
2	MBBS degree	
3	MD/MS/DNB degree	
4	MCI / MMC Ragistration	
5	Experience certificate	

9. Declaration: I hereby declare that all the statements made by me in this application are true and correct to the best of my knowledge and belief. Nothing has been concealed and no part of it is false. If at any later stage, the information is found to be incorrect and the certificates(s)/ testimonial(s) /degree(s) or any other document determining my eligibility to hold the post, are found fake, then my candidature for the post is liable to be rejected and my services are liable to be terminated without any notice and I shall be liable for legal action as per KHS rules.

Place:

Date:

Signature of Applicant