Kasturba Hospital, Sewagram

Application Proforma

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Apply	y for the	post of _				
1)	Name		: -			
2)	Sex		: -			
			: -			
3)	Date of	Birth	: -			
4)	Cast Ca	ntegory	: -			
5)	Apply Cast Category					
6)			ent Excha	nge		
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7)		ertificate	: -			
8)	Corresp	ondence	: -			
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9)	Contact	No.	:-			
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Computer course (attach copy):

Date: Signature of Applicant