

**OFFICE OF THE CHIEF MEDICAL OFFICER
LAWNGTLAI DSTRIC, LAWNGTLAI**

APPLICATION FORM

Name of post applying for: _____

PERSONAL INFORMATION

Name:	Attach Passport Size Photo here
Father's Name:	
Gender:	
Address:	
Date of Birth:	
Mobile No:	
Email address:	

EDUCATIONAL QUALIFICATION

Qualification	Institute/University	Course duration in years	Year of Passing	% of marks obtained

EXPERIENCE DETAILS

Name of Organization	Designation	Job responsibilities	Year of Service

DECLARATION:

I hereby declare that all statements made in this application are true, complete and correct to the best of knowledge and belief. I understand that in the event of any information being found untrue or incorrect at any stage of my not satisfying any of the eligibility criteria stipulated, my candidature is liable to be cancelled.

Signature:**Date:****DOCUMENTS REQUIRED:**

1. Qualification Certificate and Mark sheet
2. Experience Certificate
3. Birth Certificate
4. Tribal certificate
5. Others Relevant Documents.