



राष्ट्रीय प्रौद्योगिकी संस्थान पुदुच्चेरी
थिरुवेत्ताकुडी, कारैक्कल – 609 609
NATIONAL INSTITUTE OF TECHNOLOGY PUDUCHERRY
Thiruvettakudy, Karaikal – 609 609

APPLICATION FOR THE POST OF TEMPORARY MEDICAL OFFICER

ADVT. NO: **NITPY/ADMN/2018/TMO/002**

DATED:

POST APPLIED FOR : **MEDICAL OFFICER (Temporary)**

NAME OF CANDIDATE (in block letters) :

DATE OF BIRTH* :

AGE AS ON CLOSING DATE OF THE APPLICATION : Year____ Month ____ Days ____

CATEGORY* : SC___ ST___ OBC___ General ___

ADDRESS :

CONTACT NUMBER & E.MAIL :

FATHER'S NAME :

BIRTH PLACE :

QUALIFICATION (HIGH SCHOOL ONWARDS)* :

Attach
Passport size
self-attested
photo

Sl. no.	Degree	College/Institute name	Board/University	CGPA / %	Year of passing	Class/ Grade

MEDICAL COUNCIL REGISTRATION DETAILS* :

EXPERIENCE (If any) * :

RESEARCH PUBLICATIONS (If any)* :

UNDERTAKING

I understand that this is a contractual engagement on purely temporary basis. I declare that the above particulars are correct to the best of my knowledge and belief. I understand that action can be taken against me if these are found to be incorrect.

Place: _____

Date: _____

***Please enclose relevant self-attested certificates.**

SIGNATURE OF CANDIDATE