F O R M A T

Paste your Photo

1. Name of the Doctor:
2. Father's Name:
3. Mother's Name
4. Date of Birth (With proof):
5. Sex: (M) (F) (O)
6. Nationality:
7. Educational Qualifications (With proof):
8. Valid Medical Registration Number (With proof):
9. Present Address for Communication:
10. Permanent Address:
11. Mobile No:
12. E-mail Id:
13. Aadhaar Card (Photo Copy):
14. Date of Retirement (Applicable for Retired Doctors):
15. Pending Disciplinary Proceeding/Vigilance Case/Criminal Cases (If any):

Signature of the Applicant

Date:

Documents to be produced along with the application (self-attested copy)

1. MBBS/MD Degree Certificate
2. Medical Registration Certificate
3. Copy of retirement Order from the last station from where he/she retired
4. One recent passport size photo graph (colour) duly attested