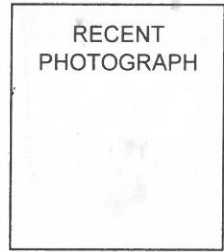


APPLICATION FORM TO ENGAGING OF AUTHORIZED MEDICAL OFFICER (AMO) at

- 01. Name in full (BLOCK LETTERS) :
- 02. Gender, Date of Birth & Age :
- 03. Nationality :
- 04. Registration number with MCI :
- 05. Father's/ Spouse's name :
- 06. Address for correspondence (in Block Letters) with phone number & e-mail id. :
- 07. Permanent Address :
- 08. Address of the consulting clinic :
- 09. Educational / Professional qualifications (Starting from highest qualification and ending with School leaving):



SI.No.	Qualification	University/Board	Year of Passing	% of marks

- 10. Details of previous / present employment / own practice, in chronological order starting from the present position:

SI. No.	Name and Address of Employer	Period		Total period of Service		Post held	Salary drawn	Nature of duties	Reason for leaving
		From	To	Years	Months				

- 11. Any other relevant information you wish to add including references:

DECLARATION

I affirm that the information given in this application is true and correct. I also fully understand that if at any stage it is found that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or the position of AMO may be terminated.

Date:

Signature of the Candidate