



GOVERNMENT OF MAHARASHTRA
(RECRUITMENT OF MEDICAL OFFICERS GROUP A)

Post Applied For	Medical Officer Group - A			
First Name				Recent Passport size photograph
Father's / Guardian's Name				
Mother's Name				
Surname				
Full Name in Marathi				
Father's / Guardian's Occupation				
Gender	Male / Female		Candidate Signature	
Date of Birth	{Age as on -01.01.2019 }	Years-	Moths -	Days -
Mother Tongue		Email-ID		
Contact Number	Mobile No.-	Home		
Correspondance Address in English				
Correspondance Address in Marathi				
Permanant Address in English				
Permanant Address in Marathi				
Whether Spouse working in Govt. Department	{Yes / NO} - If Yse Give details and place of Posting	Department of Spouse		
Reservation	If falls under reservation give following details			
Category	Cast Certificate (Y/N)		Cast Validity (Y/N)	
Cast		Sub Cast		
Non-creamy Layer Certificate (Y/N)	Domecial of Maharashtra (Y/N)	Nationality		Annual Income
Social reservation if Any		Physically Handicapped (Y/N)		
Fees Details	Demand Draft of Nationalize Bank			
Amount:-	Name of Bank		DD No.	Issuance Date

General Information									
Possesses adequate knowledge to read write and speak Marathi :-				Read (Y/N), _____	Writ (Y/N), _____	Speak (Y/N) _____			
Date of completion of Internship (Internship must be completed by 31.12.2018)				Day (dd):- _____	Month (mm):- _____	Year (yyyy):- _____			
Number and Date of MMC / IMC Registration :-		Registration Number :-		Day (dd):- _____	Month (mm):- _____	Year (yyyy):- _____			
Possesses MSCIT certificate (Y/N), _____.				If yes year of passing and marks :- Year _____,		% Marks _____			
Preferred area of posting									
Qualification details									
MBBS Year wise Marks	Obtained Marks	Out of Marks	Percentage	Percentage					
1st year									
2nd year									
3rd year									
4th year									
TOTAL									
Has any other Post Graduate Degree / Diploma in Medical Subject, if yes give details below									
Subject: - _____									
Qualifying Examination									
Sr. No.	Faculty	Program	Specialisation	Board / University	Passing Year	class	Total Marks obtain	total out of Marks	Percent age
1									
2									
Experience Details									
Sr. No.	Post Held	Organsati on Name	Organisation Address	Nature of appointment		Is the office / institution owned by govt. of Marashtra			
1									
2									
3									
4									
5									
6									
Sr. No.	Exact dates to be given (From- To)		Total Period (Year/ Month/Days)	Scale of Pay	Basic pay (In Rs)	Nature of post		Reasons for leaving along with discharge certificate	
	From	To							
1									
2									
3									
4									
5									
6									
total Experience	Years		A) Before Essential Qualification	Years		Months		Days	
	Months		B) After Eassential Qualification	Years		Months		Days	
	Days		C) After higher Qualification	Years		Months		Days	

Required Documents to be attached with the application

Sr. No.	Documents		
1	Proof of age (Yes/No)		
2	Caste Certificate (Yes/No)		
3	Cast Validity (Yes/No)		
4	Non Creamy layer (Yes/No)		1) Marks Memo (Yes/No)
5	Qualification	A) MBBS	2) Degree Certificate (Yes/No)
			3) MMC (Yes/No)
			1) Marks Memo (Yes/No)
		B) PG	2) Degree Certificate (Yes/No)
			3) MMC (Yes/No)
6	MS- CIT (Yes/No)		
7	Experience Certificates (Yes/No)		

I Here by declare all the information furnished by me in this application from is true, complete and correct to the best of my knowledge and bellf . I do understand that need to obtain and produce all the required original certificates mentioned in the form at the time of document verification. I understand that entries made by me in this application form are final and binding on me. I further declare that In the event any Infromation being found false or Incorred I shall be liable for disqualification as mentioned in the notification.

Place	
Date	

Signature of candidate

Self-declaration

Self-declaration to be furnished by person along with the application for the post of Medical Officer MHHS Group A in the pursuance of the advertisement Number 01/2018 dated 27/12/2018 published by selection Board For Medical Officer Recruitment Established by Public Health Department Government of Maharashtra.

I Son/daughter/wife of
aged about

..... years, resident of _____ do hereby
solemnly affirm/state on oath as under :-

1. I have submitted my application for the post of MEDICAL OFFICER in pursuance of the advertisement NO. 01/2018 dated 27th December 2018.
2. I have read the provisions in the rules and notification of the selection board carefully and I hereby undertake to abide by them. I further declare that I fulfill all the conditions of eligibility regarding age limits education qualification, experience if any connection etc. Prescribed for the post herein above
3. I hereby declare that the statement made in this application are true complete and correct to the best of my knowledge and belief. In the event of my information being found false or incorrect or I am detected ineligible; I am liable to be dismissed from service.
4. If information given in the self-declaration on oath is found to be false i.e. not supported by documentary proof at the time of verification by selection board. I will be liable to be blacklisted and debarred from all further examinations and selection processes of the selection board and liable for disciplinary proceeding if already Government service.

Place :-

Date:-

Signature of the Applicant