



APPLICATION FORM

Exam Year-2019

Adv. No. 01 /2019

**MAHARASHTRA MEDICAL & HEALTH SERVICES GROUP-A
CIVIL SURGEN CADRE**

PHOTO

Personal Details :-

| | | | |
|------------------------|--|-----------------------|--|
| Salutation | | | |
| Full Name (in English) | | Full Name (Devnagiri) | |
| Date of Birth | | Gender | |
| Mother's Name | | | |
| Marital Status | | | |
| Age on Date Years: | | Months: Days: | |
| Email ID: | | | |
| Mobile Number | | Landline Number | |

Aadhar Details :-

| | |
|--|--|
| Are you holding on Aadhar Card: | |
| Aadhar Number | |
| Aadhar Name (Name exactly as on Aadhar Card) | |

Physical Details :-

| | | | |
|--------------------|--|-----------------|--|
| Height (in cms) | | Weight (in kgs) | |
|--------------------|--|-----------------|--|

Correspondence Address :-

| | | | |
|----------------|--|----------|--|
| House No. | | Street | |
| Building | | Locality | |
| Landmark | | State | |
| District | | Taluka | |
| Village / City | | Pin Code | |

Permanent Address :-

| | | | |
|-------------------|--|----------|--|
| House No. | | Street | |
| Building | | Locality | |
| Landmark | | State | |
| District | | Taluka | |
| Village / City | | Pin Code | |

Caste / Category Details :-

| | | | |
|--|--|--------------------------------------|--|
| Category | | Do you belong to non-creamy layer | |
| Caste Certificate No. | | Issuing District | |
| Do you have a Caste validity certificate | | Certificate Number | |

Other Details :-

| | | | |
|---------------|--|-----------------|--|
| Nationality | | Mother Tongue | |
| Can you read, | | Read Write | |

| | | | |
|--|--|------------------------|--|
| write and speak Marathi | | Speak | |
| Maharashtra Domiciled | | Certificate Number | |
| District | | Date | |
| Person with disability | | | |
| Do you require scribe due to Person disability | | Arrangement for scribe | |
| Due to person with disability, do you require Compensation Time? | | | |
| Whether ex-serviceman | | | |
| Whether liable to be disqualified for Government services according to provisions of Maharashtra Civil Services (Declaration of small family) Rules 2005 | | | |
| Extra activities | | | |
| Hobbies | | | |
| Additional Qualifications | | | |
| Are you an Employee of Government of Maharashtra | | | |
| Are you a meritorious sports person | | | |

Declaration :-

Declaration: I, _____, hereby declare that I have read the advertisement/notification for the post and have read the information about the post carefully. I accept it, I have assured for myself that I will fulfil all the terms and conditions mentioned in the advertisement/notification. All the information, provided in this applications is true and correct to the best of my knowledge. I am aware that I will be liable for appropriate action (including loss of job) if the information provided is found to be incorrect.

Place:

Signature of Applicant

Date:

स्वयंमप्रमाणपत्र (शपथपत्र)

मी असे प्रमाणित करतो/करते की, माझी पुर्वगामी दिलेली माहिती ही अचूक आणि माझया संपुर्ण माहितीप्रमाणे व विश्वासाप्रमाणे खरी आहे.

मी पुर्णपणे जाणिपुर्वक सांगतो/सांगते की, हा नमुना भरतांना खोटी माहिती पुरविली किंवा महत्वाची माहिती दडवून ठेवली तर या प्राधिकरणाला माझे नियुक्तीपत्र रद्द करण्याचा पुर्ण अधिकार आहे, आणि त्याचा परिणाम म्हणून मी देखील फौजदारी /नागरी/वैध कारवाईस पात्र आहे.

शासना अंतर्गत नियुक्ती होण्यासाठी माझया पात्रतेला हानी पोहचेल अशा परिस्थितीची मला जाणिव नाही.

ठिकाण-

दिनांक-

उमेदवारांची सही

SELF DECLARATION (AFFIDAVIT)

I, Certify that the foregoing information is correct and complete to the best of my knowledge and belief , I am fully aware that my providing false information or suppressing material information while filling this form , the authorities have full right to terminate my appoint letter and I am also liable for appropriate criminal/civil/legal action as a consequence.

I am not aware of my any circumstances which might impair my fitness for employment under Government.

Place:

Date:

Signature of the candidate