

## APPLICATION FORM FOR MEDICAL OFFICER (ON CONTRACT BASIS) IN NAVAL PHYSICAL AND OCEANOGRAPHIC LABORATORY, KOCHI

(To be filled by the candidate in his/her own handwriting, in BLOCK letters)

## Advt No. NPOL/A/RAC/MO/5/2022

1.	Full Name in Block	Letters:					PP size to be pa	asted	
2.	Name of Father/Sp	ouse:							
3.	(a) Gender: Male/Fem	nale/Third Gender	3(	b) Category:	GEN S	c s	т о	ВС	
	3(c) Date of Birth: DD	/M/YYYY:		3(d	) Ageyr	sm	onths	days	
4.	Correspondence A	ddress:					Р	IN Code	:
5.	Permanent Address	s:	PIN Code:						:
6.	Contact Details: Phone (with STD code):			Mobile: +91 Alternate No. if any:					
7.	(i) E-mail ID: (ii) Alternate E-mail	ID:							
8. educ		ications (From Matric/1 escribed for the post, Re				f matricu	lation (X <sup>th</sup> )	certific	ate &
	amination Passed	Subject(s)	Board	d/University	Month &Year Passing	OII	ion/Class/ Grade	Percent (%)/CG	
MCI	/State Medical Counci	I Permanent Registrati	on Numbe	r & Date of Re	gistration:				
	etails of Experience:	<del>-</del>							
	Name of Name of the Organ Post/Designation		zation/Dept. From		To Nature		e of Duties (in brief)		
0.	Languages known:								
1.		debarred for recruitment				S /NO			
	If YES give details:								
12.	<b>Declaration</b> :   Dr			(n	ame) hereby d	eclare tha	at, the abo	ove furn	ished
		e best of my knowledge					-		
liable	to summarily terminate	am found to have concered without any prior notice	e. I unders	-	-				
accer Place		I conditions of the advert	isement.						
Date:					Signature	of the A	pplicant		
			FOR OFFI	CE USE ONLY					
Received on:			Complete: YES/NO		Remarks:				
Accepted: YES/NO			Screening No Allotted:		V	Verified by:			

Date: