

APPLICATION FORMAT

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong

Advertisement No & Date :

APPLICATION FOR THE POST OF

1. Full Name in Block letters:
2. Father's/Husband Name :
3. Date of Birth :
4. Age (as 24.12.2018) :
5. Sex (M/F) :
6. Permanent Address in Full:



7. Present Address in Full:
8. Nationality (State whether by birth or by domicile) :
9. Religion :
10. Do you belong to Schedule Caste/Schedule Tribe/OBC? :

11. Details of Examination passed from Matriculation/School leaving certificate onwards:

Sl. No	Name of School/College with Address	Examination Passed	Year of passing	Division/ Class obtained	% of marks obtained
1					
2					
3					
4					

12. Registration No. (for MDS/BDS and Nursing Council):

13. Experience:

Sl. No	Name of the Employer	Post held	From	To	Nature of duty	Reason of leaving
1						
2.						
3.						
4.						

14. Whether No Objection Certificate from the Employer is attached, if not, reason thereof:

Declaration:

I hereby declare that the entries made in this form as above is true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/services are liable to be terminated without any notice.

Signature of applicant

Station:

Date: