**Ramagundam Fertilizers and Chemicals Limited Annexure-A**



**(A Joint Venture Company)**

**Fertilizer City, Ramagundam -505210, Dist- Peddapalli, Telangana**

APPLICATION FOR ENGAGEMENT OF MEDICAL OFFICER AT RFCL, ON CONTRACTUAL BASIS

**Advertisement. No:** RFCL/RDM/HR/EST/DOC-2024 **Dated: \_\_.\_\_.2024**

***(TO BE FILLED IN CAPITAL LETTERS ONLY)***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **POST APPLIED FOR** | |  | **MEDICAL OFFICER** | | | | | *Paste your recent passport size coloured photograph duly signed across* | |
| (1) | NAME IN FULL | |  |  | | | | |
| (2) | FATHER’S NAME / SPOUSE NAME | |  |  | | | | |
| (3) | DATE OF BIRTH : | |  | …..………/……………/………………. | | | | |
| (4) | GENDER : | |  |  | | | | |
| (5) | MARITAL STATUS | |  |  | | | | | | |
| (6) | NATIONALITY | |  |  | | | | | | |
| (7) | MOBILE NO. : | |  |  | | | | | | |
| (8) | PAN NUMBER : | |  |  | | | | | | |
| (9) | AADHAR NUMBER : | |  |  | | | | | | |
| (10) | EMAIL ID | |  |  | | | | | | |
| (11) | **CORRESPONDENCE ADDRESS:** | |  | **PERMANENT ADDRESS:** | | | | | | |
|  |  | |  |  | | | | | | |
| PIN | | PIN | | | | | | |
| STATE | | STATE | | | | | | |
| **EDUCATIONAL QUALIFICATIONS:** | | | | | | | | | | |
| (12) | **QUALIFICATION** | **SUBJECTS** | | | **NAME OF THE COLLEGE/ SCHOOL** | | **NAME OF THE BOARD/COUNCIL/UNIVERSITY** | | | **YEAR OF PASSING** |
| (A) | MATRIC |  | | |  | |  | | |  |
| (B) | +2 SCIENCE |  | | |  | |  | | |  |
| (C) | MBBS |  | | |  | |  | | |  |
| (D) | MD/MS (If applicable) |  | | |  | |  | | |  |
| (14) **EXPERIENCE:** | | | | | | | | | | |
|  | **NAME OF THE EMPLOYER** | **FROM** | **TO** | | **TOTAL PERIOD (IN MONTHS)** | **TOTAL EMOULMENTS (MONTHLY)** | | **REASON FOR LEAVING** | | |
| 1 |  |  |  | |  |  | |  | | |
| 2 |  |  |  | |  |  | |  | | |
| 3 |  |  |  | |  |  | |  | | |
| 4 |  |  |  | |  |  | |  | | |
| 5 |  |  |  | |  |  | |  | | |

(15) Medical Council Registration No. : ………………………………………………..…Date :……………………………

State : ………………………………………………………….. Valid up to : ……………………………………….

(16) Whether presently employed with any PSUs / Autonomous Body / Govt. Department? YES / NO

If Yes, Name & Address of the Present Employer …………………………………………………………………………….……………………….

**DECLARATION:**

I do hereby declare that all the above information given by me is correct. I understand that false statement and/or suppression of any material fact in this application will be considered sufficient cause for rejection of my application / candidature without notice. I agree to abide by the terms and conditions as mentioned in the Advt dated

…………………………………………………………….

**Date: ………..……………………**

**Full Signature of the Candidate**

***NOTE: Applicants are required to submit all relevant certificates/documents in original, along with one set of self-attested copies of the same in support of the information given above at the time of walk-in Interview.***