

**GOVERNMENT OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT 2016
(RECRUITMENT OF MEDICAL OFFICER GROUP-A)**

GOVERNMENT OF MAHARASHTRA PUBLIC HEALTH DEPARTMENT 2016 (RECRUITMENT OF MEDICAL OFFICER GROUP-A)			
Post Applied For			
Name In Marathi			Recent passport size Photograph
Father s /Guardians Name			
Mothers Name			
Fatherès /Guardians Occupation			<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> Candidate Signature(in box)
Gender		Marital Status	
Date of Birth		Age as On (31.03.2016)	
Mother Tongue		Email-ID	
Contact and Marital Information			
Correspondence Address			
Correspondence Address in Marathi			
Permanent Address in Marathi			
Whether Spouse working with Govt. Department		Spouse Place Of Posting	
Profession of the Spouse			
Reservation			
Category		Caste Certificate	
Caste		Sub Caste	

Non –Creamy Layer Certificate			Annual Income	
Social Reservation				
Physically Handicapped				
Fees Details :				
Sr.No	Demand Draft No.	Amount	Bank Name	
1				
General Information				
Possesses Adequate Knowledge to read, write and speak Marathi Language				
Date Of Completion of Compulsory Rotating Internship(dd/mm/yyyy)				
Date Of Registration (dd/mm/yyyy)	Registration Number		Date Of Renewal (If any) (dd/mm/yyyy)	
Has Successfully Completed MS-CIT ?				
Preferred Area of Posting				
MBBS Year wise Marks:				
Year	Marks	Out of Marks		
1stYear				
2 nd Year				
3 rd Year				
4th Year				
Total				
Percentage Mark in MBBS				
Has any other Post Graduate Degree/Diploma in Medical subject				
Subject				

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I hereby declare that all the information furnished by in me application from are true .complete and correct to the of my know ledge and behalf :I do understand that I need to obtain and produce all the required original certificate enlisted in the form bye me at the time of document verification .I understand that entries made bye me in this application form are final and binding on me I further declare that in the event any information being found false or incorrect I shall be liable for disqualification as mentioned in the notification	

Place:

Date:

Signature of the Candidate