भारत सरकार टकसाल, नोएडा में संविदा आधार पर परामर्शदाता (चिकित्सक अधिकारी) पद के लिए आवेदन/

APPLICATION FOR ENGAGEMENT OF CONSULTANT (MEDICAL OFFICER) ON FIXED TERM CONTRACT BASIS IN INDIA GOVERNMENT MINT, NOIDA

| विज्ञापन संख्या 2/2022 :- आईजीएमएन-13013/परामर्शदाता/2021- प्रशा. / दिनांक: ADVERTISEMENT NO. 2/2022:: IGMN-13013/Consultant//2021-ADMN. / DATE: | | | | | | | | | | | उ हस् | कृपया अपना पासपीटें आकार का नया फोटों हस्ताक्षर के साथ लगाएं / Paste here your recent Passport size Photograph with signature. | | | | | |
|--|--|----------|---------|--------|---------|--------|--------|----------------|--------|-------|----------|--|------|-----|--|-----------------------|--|
| | / POS | | रामर्शव | दाता (| चिकि | त्सकः | अधिव | जारी) / | CON | SUL | TAN | T (M | EDIO | CAL | | कृपया चिन्ह PLEASE | |
| | FICE | | Doct | or wi | th ovi | aorio | nco 11 | nto tl | 1r00 1 | 70020 | · OD | | | | | | |
| | (A) MBBS Doctor with experience upto three years; OR | | | | | | | | | | | | | | | | |
| | (B) MBBS Doctor possessing experience between three to seven years; OR | | | | | | | | | | | | | | | | |
| | (C) MBBS Doctor possessing experience between seven to ten years; | | | | | | | | | | | | | | | | |
| | OR | | | | | | | | | | | | | | | | |
| | | | Doct | or po | ssess | ing ex | xperi | ence | more | than | ten v | ears | | | | | |
| | (D) MBBS Doctor possessing experience more than ten years. | | | | | | | | | | | | | | | | |
| 1. | आवेद | क का | नाम / | Name | e of C | andid | late | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 2. पिता का नाम / Father's Name | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 3. | पत्राचा | ार के ति | नए वर्त | मान प | ता / P: | resen | t Add | ress f | or Co | ommu | nicati | on: | | | | | |
| | | | • | | | | | | | | | | | | | | |

| | I I | | 1 | | 1 | | 1 | 1 | 1 | | 1 | | | · · · | | | |
|-----|------------------------------------|---|------------------|---------|---------------------|----------|---------|--------|------|------|------|----------------------------|--------|-------|---|-----|----|
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | PIN | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 4. | 4. स्थायी पता / Permanent Address: | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | PIN | | | | | | | |
| | | | | | | | | | | PIIN | | | | | | | |
| _ | 5. राष्ट्रीयता / Nationality : | | | | | | | | | | | | | | | | |
| 5. | राष्ट्रा | यता / | Natio | nality | 7 | | | | | : | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | _ | | | | | | | | | | | | | | | | |
| 6. | धर्म / | Relig | gion | | | | | | | : | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 7. | किस | राज्य | के निव | ासी है | / Stat | e to v | vhich | Belo | ngs | : | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 8. | श्रेणी | / Wh | ether | SC/S | T/OB | C/UF | ₹ | | | : | | | | | | | |
| 0. | , ,, | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | CtifCi | 50,5 | 1701 | | | | | • | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 0 | יבדכ | r / אדם | гэт / э | मिन | / 51-111 | िंग्च है | +o 117 | hethe | _ | _ | | | | | | | |
| 9. | | | | | अनार | .।दात १ | e? W | netne | r | : | | | | | | | |
| | VH/ | /HH (| Yes / | No) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | 0.0 | | | | | | | | | | | | | | | |
| 10. | | | | | - | as per | matr | iculat | ion/ | : | | | | | | | |
| | equi | ivalen | t Cer | tificat | te) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 11. | आय् | (आवे | दन जम | ग करने | की अ | गंतिम रि | तेथि वे | न अनुस | गर) | : | 7 | Year | | Montl | h | Dag | ys |
| | • | | | | | | | cation | | | | | | | | | |
| | - | - | | | | _ | | | | | | | | | | | |
| 12. | भाषा | ओं का | ा ज्ञान <i>।</i> | Lang | guage | Knov | wn | | | : | पढन | т / Re | ad: | | | | |
| | | | . 、 、 / | | 5 - | | | | | • | | / १८८ 1ना / S | | • | | | |
| | | | | | | | | | | | | ला / ऽ ब्रना / \ | | | | | |
| | | | | | | | | | | | 1616 | וויג / | v 11te | ·• | | | |

| कार्यर | न कोई रिश्तेदार एसपीए त है, यदि हाँ तो, उनका / Whether any relat | नाम व आपसे | : | | |
|----------------------|--|--|----------------|---------------------------------------|------------------|
| | ing with SPMCIL. ame & relationship | _ | fy | | |
| 21 | ा, मोबाइल व ईमेल / phone/Mobile No./6 | e-mail address | ; S | | |
| Profe | ssional Qualification | ons (from mat | triculation or | | |
| क्र. सं. | परीक्षा का | पास करने | विषय/ | कुल अंक / Total | बोर्ड/ विश्विद्य |
| | विवरण / | का वर्ष / | Subject | Marks | |
| | विवरण / Details of | का वर्ष / Year of | Subject | • | |
| | | | Subject | • | |
| | Details of | Year of | Subject | • | |
| | Details of | Year of | Subject | • | |
| 16. Regi | Details of Exam | Year of Passing Tedical Council | il / Medical (| Marks Council of India: No | Board/Univ |
| 16. Regi 17. अनुभ | Details of Exam istration of State M व योग्यता / Details of | Year of Passing dedical Council f Experience (| il / Medical (| Marks Council of India: No Validity: | Board/Unive |

| क्र. सं. | संगठन का नाम / | ग्रहित पद/ | अवधि / | कुल वेतनमान / | कार्य का स्वरूप/ |
|----------|----------------|------------|--------|---------------|-----------------------|
| | Name of the | Position | Period | Total | Brief |
| | Organization | Held | | Emoluments | Description of |
| | | | | | Duties |
| | | | | | |
| | | | | | |
| | | | | | |

19. प्रशिक्षण का विवरण / Details of Training:

| पाठ्यक्रम का नाम / Name of | इंस्टीट्यूट / Institute | विषय संबन्धित / Contents |
|----------------------------|-------------------------|--------------------------|
| the Course | | |
| | | |
| | | |
| | | |

- 20. प्रमाण पत्र और प्रशंसापत्र का विवरण / Details of Certificates/Testimonials:
- 21. अन्य जानकारी, यदि कोई हो तो / Other relevant information, if any:

घोषणा / DECLARATION:

मैं एतदद्वारा पुष्टि एवं घोषणा करता हूँ कि आवेदन में दी गई जानकारी सत्य व स्पष्ट है। आवेदन पत्र में दी गई किसी भी प्रकार की गलत एवं असत्य जानकारी के लिए आवेदन पत्र के तुरंत निरस्तीकरण के लिए अधोहस्ताक्षरी स्वयं जिम्मेदार होगा।

I hereby affirm and declare that the statements made in the application are true and unexaggerated. I undertake that any misrepresentation or material omission made in this application form will render the undersigned liable to immediate dismissal.

तिथि / Date:

स्थान / Place:

(आवेदक के हस्ताक्षर)

(Signature of the Candidate)