# APPLICATION FORMAT

**(Should be filled in BLOCK letters only)**

Post Applied for Part Time Medical Officer (Contractual)

To
The Chairperson
Board of Administrators
Berhampore Municipality
Berhampore, Murshidabad

Paste one self-attested passport size image

Sir,
Application for the post of Part Time Medical Officer(Contractual) in Berhampore Municipality.

1. Name: .....
2. Father's / Husband's name: .....
3. Gender (Tick): Male ☐ Female ☐
4. Category (Along with Sub Category, if any): .....
5. Date of Birth (DD/MM/YYYY): ☐☐ / ☐☐ / ☐☐☐☐
   a. Age as on 01/01/2021: .....
6. Nationality: .....
7. Address:
   Address for Correspondence: .....
   .....
   .....
   ..... PIN .....
   Permanent Address: .....
   .....
   .....
   ..... PIN .....
8. Contact Details:
   Mobile No. & Whatsapp No.: ..... / ..... Landline No.: .....
   E-mail ID : .....
9. Academic Qualification (s):

| Sl. No. | School / Board / University / Institution | Degree / Diploma | Year of Passing | Percentage of marks obtained |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

10. Additional Qualification (if any) :

.....

.....

11. Present Occupation (if any) :

.....

.....

12. Experience (if any) :

.....

.....

**Declaration**: I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. The details mentioned in the application are true and I shall furnish the necessary documents in original whenever required.

If any of the information / details is found incorrect / false at any stage of the selection process or if any fact is found to have been concealed by me or detected even after the appointment, my engagement shall be liable to be terminated and appropriate legal action shall be taken against me.

Date: .....

(Full signature of the candidate)

Place: .....