		Application Format	Passport Size Photo to be signed by the candidate
			off desirate to age.
То,			
Civil	Surgeon,		
Gener	ral Hospital, Chandrapur		
(On th	ne behalf of Project Director M	ISACS)	
1.	Application for the Post		
2.	Candidates Name		
		Surname First Name	Middle Name
3.	Date of Birth		
		Age as on: YearsMonthsDay	ys
4.	Correspondence Address:_		
5.	Permanent Address		

9. Educational Qualification:-

Tel. No./ Mobile No.

E-mail ID

6.

7.

8.

Sr. No.	Educational Qualification	Name Board	of	the University /	Percentage	Grade/Class
INO.	Quanneation	Board				
		E .				

Yes

No

Working knowledge of computer (MSCIT,MS-Office etc.):

## 10. Experience Details:-

Sr. No.	Name of the office /Hospital/Blood Bank worked before	Designation	Period (From -To)	Total Experience in Year_Month _Day's	Nature of work
			MSAGSE	Elandrapur ojaal Phroctus	Interest Heapted (On the behalf of F
				in for the Post	T Applicate
				Name :	Condition 2
				ille	#Po-sect F
	Signature of the control of the cont	II	Age as on		

- 11. Any Other Special Qualification:-
- 12. Para-Medial Council Registration Available (Only for Lab Tech Post): Yes / No

Date: / / 2025

Candidates Name & Signature