



# DMFT BOKARO RECRUITMENT APPLICATION FORM



Post Applied for: _____				Self-Attested Photograph		
1. Name: (In Block letters)						
2. Date of Birth: (DD/MM/YY )						
3. District/State of Domicile:			4. Sex:		5. Category:	
6. <u>Permanent Address:</u>				7. Present Phone No:		
<u>Present Mailing Address:</u>				8. Permanent/Emergency Phone No:		
9. Email Address:						
10. Awards/ Recognition (in relevant domain):						
11. Specialisation (for doctors with MD or equivalent degrees):						
12. Super-Specialisation (for doctors with DM or equivalent degrees):						
13. Languages spoken:						
14. Languages written:						
15. Education: High school (class 10th) onwards, please list all your qualifications						
Exam Passed	Board /University	Name of the Institution and Location	Year of passing	Marks		
				Full Marks	Marks Secured	%

**16. Employment Record:**

- a. Total Years of experience (both private and government)
- b. Years of experience in Government Sector :
- c. Experience in COVID (Duration, Location and Role) :
- d. Experience in Health Care Quality or Formal Quality of a quality system like NABH/ISO 9001:2008/Six Sigma/Lean/ Kaizen (**applicable only for Hospital Administrator/Manager**)

**17. Details of Employment: (Use separate sheets if required).**

Starting with your present employment, list in reverse order all the employments you have had.

**17 A. Current Employment:**

Period	Designation held	Location	Description of duties rendered:

**17 B. Previous Employments:**

Period	Designation held	Location	Description of duties rendered:

**Notes:** The self-attested photocopies of following documents are to be enclosed along with the application and brought on the day of interview as well-

1. All marks sheets and certificates in proof of the claim made by the candidates relating to their educational qualification.
2. Experience/ Service Certificates issued by the Competent Authority
3. "No Objection Certificate" from the employer (if applicable)
4. Copy of Registration Certificate issued by Medical Council of respective States/MCI
5. Domicile certificate
6. Any other related document necessary for explaining the experience possessed by the candidate and required in interview

**Declaration-** I hereby declare that all the information furnished above are correct to the best of my knowledge & belief.

**Date-**

**Signature of the Applicant**