



# Dr. Rajendra Prasad Central Agricultural University

Pusa, Samastipur, Bihar -848125

## Application Form for the post of Medical Officer (Contractual)

(For office use only)							
<b>Eligible:</b> ..... (Yes / No) If not Eligible, reason thereof: ..... .....						<div style="border: 1px solid black; padding: 5px; text-align: center;"><i>Paste your recent passport size photograph here and sign across the photo so that part of signature should be on form</i></div>	
(Signatures of Screening Committee Members)							
1	Name (In Capital Letters)	First Name			Middle Name	Surname	
2	Date of birth	Day	Month	Year	Age as on last date of advertisement	Years	Months
3	Place of birth	City/Village			State	Country	
4	Mother's Name						
5	Father's Name						
6	Address	Correspondence			Permanent		
		City: District: State: Pin Code: Mobile: Email:				City: District: State: Pin Code: Mobile: Email:	
7	Nationality						
8	Sex	Male/ Female/Transgender: _____					
9	Community/ Category (Please strike out whichever options are not applicable)	UR/OBC/SC/ST/EWS: _____					
		Sl. No. of proof enclosed (if belongs to Reserved Category): _____					
10	Marital status	Married/Unmarried/Divorced: _____					
		If married, name of spouse _____					

<b>11</b>	<b>MCI Registration Number</b>	Sl. No. of proof enclosed : _____
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**12. Educational Qualifications** *(Attach additional pages, if required)*

	Name of course	Name of the Board/ University	Year passed	Division	CGPA (if grading is applicable)	% of Marks (pl. indicates equivalent to CGPA also)	Subjects studied	Sl. No. of proof of enclosure
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
10th Class / equivalent								
10+2/Higher Secondary/ equivalent								
MBBS								
M.D/M.S								
<i>Any other exams passed</i>	Name of Course/Subject				Roll No.		Year	Sl. No. of Proof of enclosure

**13. Chronological list of Experience** *(starting from current position/ employment)*

Designation	Name & address of employer	Period of Experience			Nature of work/ duties	Sl. No. of proof of enclosure
		From	To	No. of Years/ Months (As on last date of advertisement)		
(a)	(b)	(c)	(d)	(e)	(f)	(g)

\* *(Add separate sheet if required, to be annexed at relevant S. No.)*

14. Have you ever been punished during your studies at College/University? (Yes/No) :
15. Have you ever been punished during your service or convicted by a court of law? (Yes/No) :
16. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No) :

17. Do you have any case pending against you in any court of law? (Yes/No) :

**18. Any other information/qualification relevant to the post applied for:**

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**19. Declaration**

I, \_\_\_\_\_ son/daughter of \_\_\_\_\_ hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect or ineligibility being detected before or after the Selection Committee and Board of Management meetings, my candidature/appointment may be cancelled by the University.

I have never been convicted or contemplated for any unlawful activity.

Signature of the Applicant

\_\_\_\_\_  
\*Name as signed (in BLOCK LETTER)

Date: \_\_\_\_\_

*\*Application not signed by the candidate is liable to be rejected*

**Please tick the enclosures attached:**

Sl.	Check List	Sl. No. of enclosure	No. of Sheets
1.	Matric/Secondary/High School (10 <sup>th</sup> Class) Marks Sheet		
2.	Matric/Secondary/High School (10 <sup>th</sup> Class) Certificate		
3.	Sr. Secondary/Intermediate (12 <sup>th</sup> Class) Marks Sheet		
4.	Sr. Secondary/Intermediate (12 <sup>th</sup> Class) School Certificate		
5.	Bachelor's Degree Final Year Marks Sheet		
6.	Bachelors' Degree		
7.	Master's Degree Final Year Marks Sheet		
8.	Master's Degree		
9.	Any other Qualification		
10.	Caste Certificate issued by the Competent Authority		
11.	Experience Certificate(s) from previous employer(s)		
12.	Endorsement from the present employer		
13.	DD for the application fees (in original)		
14.	Any other		

Total number of sheets enclosed\_\_\_\_\_ (please give sequential number to each sheet and signature with date).