

Attested
Passport size
Photograph

**APPLICATION FORM FOR MEDICINES CONSULTANTS
UNDER THE J&K STATE HEALTH PLAN**

Position Applied for:

1. First Name:		Last Name:		
2. Date of Birth:	3. District of Domicile	4. Sex		
5. Present Contact Address:		6. Permanent Telephone No. (STD code)		
		7. Present Telephone No. (STD code)		
8. E mail Address		9. Mobile No.		
10 Languages Spoken /Written				
11.Computer Literacy: Mention all software(s) known/used				
11. A (For Data Assistant Only) indicate speed in words per minute		English	Hindi	Other Languages
	Typing (on computer)			
	Shorthand			
12. Education: High School onwards, please list all your qualifications				
Degree	Institute/Board & location	Year	Percentage/Rank	Full/Part time
13. Details of experience (use separate sheets if required)				
Starting with your present employment, list in reverse order all the employment you have had with job responsibilities				
14. References:				
List two persons, not related to you, who are familiar with your experience and qualification				
Full Name, Address and Telephone Nos(s)		Designation, Organization & professional relationship		
Any other relevant information				

I certify that all statements made by me to the above questions are true, complete and correct to the best of my knowledge.

Place:

Signature

Date:

Name (in block letters)

N.B. You will be required to supply documentary evidence, which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so