

Passport Size
Photo to be signed
by the candidate

Application Format

To,
Civil Surgeon
Civil Surgeon Office Yavatmal

1. Application for the Post : _____

2. Candidates Name : _____

3. Date of Birth : _____
Surname First Name Middle Name

4. Age as on _____ Years ____ Months ____ Days ____
Correspondence Address : _____

5. Permanent Address : _____

6. E-mail ID : _____

7. Tel. No. / Mobile No. : _____

8. Working knowledge of computer (MS Office etc.) : Yes No

9. **Educational Qualification:-**

Sr. No.	Educational Qualification	Name of the University / Board	Percentage	Grade

10. **Experience Details :-**

Sr. No.	Name of the office worked before	Designation	Period	Nature of work

11. **Whether doing Private Practice: Yes/No. (If Yes. Please fill the details given below)**

Sr. No.	Name of the Hospital/ Dispensary.	Time: From To	Address of the Hospital/Disp nry.	Nature of work

(The above table should be filled by candidates who is practitioner doctor)

12. **Any Other Special Qualification :-**

Date :

Place :

Candidates Name & Signature