

GA DIGITAL WEB WORD PVT. LTD.

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Application for the Post of Project Medical Officer Full-Time (Dermatologist)

1. Personal Information:

1.	Name	
2.	Date of Birth	Photo
3.	Gender	
4.	Father's Name	
5.	Mother's Name	
6.	Marital status	
7.	Category	
8.	Nationality	
9.	Religion	
10.	Photo ID type	
11.	Photo ID number	

2. Educational Qualification

S. No	Course /Exam Passed	University /Board	Mode of Study	Passing Year	Percent age (%)	Subject(s)studi ed
1.	10th					
2.	12th					
3.	Graduation					
4.	Post-Graduation					
5.	Other					

S. No	Position	Organization Name	Type of Organization	From	То	Duration (YY:MM:DD)
4. C	Contact Details :			l		
	ess for corresponder	nce:	E-mail id	d		
	•		Mobile N	Number		
			Alternate	e Number		
5. L	ist of Enclosures :		·			
S. No	Documents					Please Specify 'Yes' or' No'
I		above information is true vill be initiated for any management		knowledge	and I unde	rstand that
	Place:	•		Signature ar	nd Name:	
	Date:					