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**APPLICATION FORM FOR ENGAGEMENT OF RETIRED DOCTORS FROM CENTRAL GOVT./  
STATE GOVT./ PSUs AS GENERAL DUTY MEDICAL OFFICER ON CONTRACTUAL BASIS**

**ANNEXURE-I**

**POST APPLIED FOR- GENERAL DUTY MEDICAL OFFICER**

|    |                                                                                                      |                                                                 |
|----|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1  | Advertisement in Newspaper dated                                                                     |                                                                 |
| 2  | Name in full (Block Letters)                                                                         |                                                                 |
| 3  | Father's/Husband's Name                                                                              |                                                                 |
| 4  | Date of Birth                                                                                        |                                                                 |
| 5  | Date of appointment<br>(Central Govt./State Govt./PSU))                                              |                                                                 |
| 6  | Name of the Department /Institute                                                                    |                                                                 |
| 7  | Date of Retirement                                                                                   |                                                                 |
| 8  | Age on closing date i.e. 15.12.2024                                                                  |                                                                 |
| 9  | Complete Permanent Address                                                                           |                                                                 |
| 10 | Complete Correspondence Address                                                                      |                                                                 |
| 11 | Telephone /Mobile No.                                                                                |                                                                 |
| 12 | Email ID                                                                                             |                                                                 |
| 13 | Any other information                                                                                |                                                                 |
| 14 | Preferred place of posting i.e. Noida<br>/Chandigarh/ Lucknow/<br>Bhubaneshwar/ Hyderabad/<br>Mumbai |                                                                 |
| 15 | Registration with Medical Council                                                                    | Registration Certificate from Medical Council to be<br>attached |

**CHECK-LIST OF DOCUMENTS DULY SELF ATTESTED**

|   |                                                      |  |
|---|------------------------------------------------------|--|
| 1 | Matriculation Marksheet/Certificate of Date of Birth |  |
| 2 | UP/PG Degree ( as applicable)                        |  |
| 3 | Registration Certificate from Medical Council        |  |
| 4 | Retirement Order                                     |  |

I, solemnly declare that the particulars furnished above are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect/incomplete or ineligibility being detected at any time before or after selection / interview/appointment, my candidature is liable to be rejected and I shall be bound by the decision of the Food Corporation of India. I have read the guidelines and ready to accept all the terms and conditions for engagement of consultant.

Place :

Date:

Signature of Candidate

Full Name of applicant: \_\_\_\_\_

**DECLARATION OF FIDELITY AND SECRECY**

(Under Section 38 of the Food Corporation Act, 1964)

I, \_\_\_\_\_ declare that I will faithfully, truly and to the best of my judgement, skill and ability execute and perform the duties which are required from me as General Duty Medical Officer/ Consultant (appointed on contract basis) at Noida/Chandigarh/Lucknow/Bhubaneswar/Hyderabad/Mumbai under the Food Corporation of India and which properly relate to the Office or position in or in relation to that of Corporation held by me.

I further declare that I will not communicate or allow to be communicated to any person not legally entitled there to an information relating to the affairs of any person having any dealing with the said Corporation nor I will allow any person not legally entitled as aforesaid to inspect or have access to any books or documents belonging to, or in the possession of the said Corporation and relating to the business of the said Corporation or the business of any person having any dealing with the said Corporation.

(Signature of the Candidate)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_