BHABHA ATOMIC RESEARCH CENTRE MEDICAL DIVISION

	ICATION FOR THE POST OF Locum Basis)			РНОТО
1.	Name in full beginning with Surname (in block letters)	:(;	Shri./Smt./Kum)	
2.	Nationality	:		
3.	Marital Status	:	Married / Single / Widower / Widow	W
4.	Age & Date of Birth (in Christian era)	:		
5.	Address in block letters (a) For Correspondence with PIN code:	:		
	Telephone/ Mobile No.	:		
	Email ID	:		
	(b) Permanent Address	:		

6. Educational and Professional Qualification from SSC onwards:-

Sr. No	Examination passed	University/Board/ Institution	Year of passing	Subjects	Class & % of marks
	-				
1.					
2.					
3.					
4.					
5.					

7. Experience (Particulars of all pervious and present employment are to be furnished)

	e & Addr loyer/Ins		Post Held with Pay	Whether Central/State /Govt./PSU	Se	eriod o ervice com	of To	Perman or Tempor		Reason for leaving
8.	8. Area of Specialization:									
9.	Details of relatives employed in D.A.E. or its Constituent Units:-									
	Sr. No.			Relationship		Unit in which employed			Post held	
							_			
10.	Any other information you may wish to add:									
11.	 List of attested documents attached (Put [X] in the applicable box). 									
	a) School Leaving Certificate (for Date of Birth) []							1		
	b) Mark sheets of Educational & Professional Qualification						ion	[1	
	c) Passing Certificate							[]	
	d) Experience certificate							[]	
	e) MMC/MNC/MPC Registration Certificate						[]		

Signature:

Date: _____