



Annexure – I

**PROFORMA OF APPLICATION FOR APPOINTMENT AS PART TIME MEDICAL REFEREE**

1. Name in full (Capital Letters) :
2. Gender :
3. Date of Birth (Copy of Proof) :
4. Nationality :
5. Postal Address with Mobile No/e-mail ID :
6. Permanent address :
7. Education Qualifications :

Affix  
Photograph

Name of Examination	Institute/College attended	University	Year of Passing	Percentage

8. Date of Appointment in Govt, Services :
9. Post held in Govt. Service :
10. Present place of posting
11. Experience/details of employment ;
12. Any other information :

I hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief. I understand that the department can take action against me in case the information furnished is found to be incorrect/false/suppressing any facts.

Date:

Place :

Signature of the Candidate

with Name