

Application for Post of D.O.M.S. (Post Graduate Course)

Personal Data:

Full Name:

(First Name)

(Fathers Name)

(Surname)

Present Address:

Telephone:

Nationality:

Religion:

Cast:

Date of Birth:

Age (In Completed Years)

Place of Birth:

Dist:

State:

Period of residence in all
around Pune city

Years:

Family Background:

Fathers/Husbands/Wife's
Name:

Address:

Occupation:

Telephone:

Have you previous registered for DOMS allied Post? If so mention details...

Educational Qualification:

Name of the Institution & University	Exam. Passed	Year of Passing	Marks in Opth. Theory/Practical
Medical College			
Post Graduate			

Do you any contract/bond with your present employer? Yes/No give details.

Name & address of two persons (not relatives) of good social standing who know you for a minimum of over 3 years and to whom.

(b) Name:

(b) Name:

Address:

Address:

Note:

- (i) Please attach Xerox copies of certificates & testimonials attested by a Magistrate or Notary Public, 2nd & 3rd MBBS Marks list, attempt certificates, Internship Certificate, MMC Registration.
- (ii) Any false or misleading information given in this application will be adequate cause of rejection of candidate and/or termination of studentship at any time.

I declared that the foregoing information is correct and complete to the best of my knowledge and belief.

Date:

Place:

Signature