

West Bengal State Electricity Distribution Company Limited
(A Government of West Bengal Enterprise)

FORMAT OF APPLICATION AGAINST NOTIFICATION NO. MPP/2020/02 DATED: 06.02.2020

CONTRACTUAL ENGAGEMENT OF MEDICAL OFFICER
THROUGH WALK-IN-INTERVIEW

**AFFIX SELF
ATTESTED
PASSPORT SIZE
PHOTOGRAPH**

To,
The Addl. General Manager (HR&A)
Recruitment & Manpower Planning Cell
Vidyut Bhavan, 7th Floor, 'C' Block, Kolkata-91

1. Name of the Post Applied for	:	Medical Officer
2. Name of the Candidate (in block letters)	:	
3. Father's/Husband's Name	:	
4. Correspondence Address	:	
5. Permanent Address	:	
6. Mobile No. / Telephone No.	:	
7. E-mail ID	:	
8. Date of Birth & Age as on 01.01.2020	:	
9. Nationality	:	
10. MCI/State Medical Council Registration No. :		
11. Year(s) of Experience as Medical Practitioner :		
12. Qualification	:	Please specify in details as per the format outlined below

Qualification	Examination Passed	Name of the Board/Council/Institute/University	Year of Passing	Division/Class/Grade Point	Course Mode - Full time/Part time/ Others
Educational					
Professional					

13. Chance Certificate for MBBS Degree : Yes/No
[Self-attested copy to be enclosed]

14. Registration Certificate under MCI/ State Medical Council : Yes/No
[Self-attested copy to be enclosed]

15. Experience Details :

SL. No.	Place of Posting	Designation	Scale of Pay / Band Pay & Grade Pay	Period		Nature of job responsibility	Remarks
			(for PSU/ Govt. only)	From	To		

*** Self-attested copy of the relevant experience details is to be enclosed. ***

16. Special Achievements in the relevant fields (if any):**17. Last Pay Drawn** :

- i) Scale of Pay/Pay Band :
- ii) Grade Pay :
- iii) Basic Pay :
- iv) Gross Salary :

18. Choice of Place of Posting in order of preference: (As mentioned in the advertisement)

- i. _____
- ii. _____
- iii. _____
- iv. _____

19. List of Credentials enclosed :

- a)
- b)
- c)
- d)

DECLARATION

I, hereby, declare that the particulars furnished herein are true to my knowledge. If any information is found to be false subsequently by the authority, my candidature for the post is liable to be rejected.

Date:

Place:

Signature of the Candidate