**ANNEXURE-I**

**ADVT. No.: Contract Medic /1/2021**

[](http://www.ongcindia.com/wps/wcm/connect/ongcindia/Home/Media/Download+Logo/%3cimg%20src=%22/wps/wcm/connect/46bc14b2-3195-46d9-b316-d60640257394/ONGC_logo_big.jpg?MOD=AJPERES&CACHEID=46bc14b2-3195-46d9-b316-d60640257394%22%20border=%220%22%20width=%221499%22%20height=%221499%22%20%20/%3e)

**ओयल एण्ड नैचुरल गैस कार्पोरेशन लिमिटेड**

**OIL AND NATURAL GAS CORPORATION LIMITED**

**ANKLESHWAR ASSET, DISTT. BHARUCH (GUJARAT)-393010**

**APPLICATION**

|  |  |
| --- | --- |
| Application for the Post of :  A) General Duty Medical Officer **on contract basis**  B) Medical Officer (Occupational Health) **on contract basis**  C)Field Medical Officer **on contract basis** | **Affix passport size**  **Photograph** |

(FILL IN CAPITAL LETTERS ONLY)

|  |  |  |
| --- | --- | --- |
| 1 | Post applied for |  |
| 2 | Name of the candidate |  |
| 3 | Nationality |  |
| 4 | Father’s Name |  |
| 5 | Mother’s Name |  |
| 6 | Date of Birth |  |
| 7 | Category : (UR / SC / ST / OBC/ EWS) |  |
| 8 | a) Whether PWD (Yes /No) |  |
|  | b) If yes , Type of Disability (OA/OL) |  |
| 9 | **Mailing address :** |  |
|  | House No. & Street |  |
|  | Area |  |
|  | City / Town |  |
|  | Pin Code No. |  |
|  | District |  |
|  | State |  |
| 10 | Telephone No. |  |
| 11 | Mobile No. |  |
| 12 | E-mail address |  |

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( 2 )

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 13 | **Qualification:** | | | | | |
|  | Sl  No | Exam Passed | University/ College/ Institute | Year of passing | Class | Percentage  of Marks |
|  | M.B.B.S |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 14 | Medical Council Registration No. & Place : | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 15 | EXPERIENCE: | | | | | |
| **Sl No** | **Organisation** | **Post Held** | **Period** | | **Last Pay** | **Nature of duties** |
| **From** | **To** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

I certify that the above information is correct and supporting documents are enclosed.

PLACE: ANKLESHWAR SIGNATURE :

DATE : NAME :