

ANNEXURE-I

ADVT. No.: **Contract Medic /3/2021**

Last Date of On-line application : 16.06.2021



ओयल एण्ड नैचुरल गैस कार्पोरेशन लिमिटेड
OIL AND NATURAL GAS CORPORATION LIMITED
ASSET, DISTT. (STATE)-PIN CODE

APPLICATION

Application for the Post of :

A) General Duty 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) (Please tick category to which belong) | SC | UR |
| 8 | Gender – Male / Female / Other | | |
| 9 | a) Whether PWD (Yes /No) | | |
| | b) If yes , Type of Disability (OA/OL) | | |
| 10 | Mailing address : | | |
| | House No. & Street | | |
| | Area | | |
| | City / Town with Pin Code | | |
| | District | | |
| 11 | Telephone No. | | |
| 12 | Mobile No. | | |
| 13 | E-mail address | | |

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

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

Declaration: I hereby declare that the particulars furnished above are true & correct to best of my knowledge and belief. I also declare that I am fulfilling the requisite criteria of qualifications for Recruitment of Contract Medics in ONGC as per Advt. No. Contract Medic/3/2021. I am medically fit as per the Medical Fitness Requirement Standard of ONGC and I have read and understood those standards. In case of information provided by me being found incorrect or false or I suppressed any relevant information, my candidature may be cancelled at any time.

Date:

Place:

(Signature of the Candidate)

List of Enclosures required (Please enclosed document as per Sl. No. indicated below):

| S.NO. | DOCUMENT NAME |
|-------|--|
| 1. | Identity proof |
| 2. | Certificates showing date of birth |
| 3. | Qualification (Degree/Certificate as well as marks sheets) (Class 10 th onwards) |
| 4. | Registration Certificate with Statutory Bodies |
| 5.. | Caste Certificate as Scheduled Caste (SC) in the prescribed format. |

(Signature of the Candidate)

Undertakings, if required: *(Tick the applicable undertaking(s) as directed by ONGC Official)*

- 1. Caste Certificate:** I hereby declare that I will submit the latest Scheduled Caste (SC) certificate in central government format with correct Candidate name / Fathers name / Caste name to ONGC within 20 days in the event of my selection without which my candidature will be rejected without any further communication.

- 2. Name Change:** My name in 10th Class Certificate is written as _____ while in my essential qualification certificates its written as _____. I hereby declare that both the names belong to the same person and in future will be known as _____. Further I will publish this undertaking in two daily newspapers and submit to ONGC within 20 days in the event of my selection without which my candidature will be rejected without any further communication.

(Signature of the Candidate)

Checked by

Verified by