

## ग्रीन हिल्स, तेल भवन,देहरादून ONGC GREEN HILLS, TEL BHAVAN, DEHRADUN -248003

## **APPLICATION**

Affix passport size Photograph

## (FILL IN CAPITAL LETTERS ONLY)

1	1 Post applied for	
2	2 Sector	
3	3 Interview Center	
4	4 Name of the candidate	
5	5 Nationality	
6	6 Father's Name	
7	7 Mother's Name	
8	8 Date of Birth	
9	9 Category : (UR / SC / ST / OBC/ EWS)	
10	.0 Gender – Male / Female / Other	
11	.1 a) Whether PWBD (Yes /No)	
	b) If yes , Type of Disability	
12	.2 Mailing address :	
	House No. & Street	
	Area	
	City / Town with Pin Code	
	District	
13	.3 Telephone No.	
14	.4 Mobile No.	
15	.5 E-mail address	

16	Qualification:					
	SI No	Exam Passed	University/ College/ Institute	Year of passing	Class	Percentage of Marks
		M.B.B.S				
		MD /MS				
		MCh/DM				
		Any other Certificates				

17	17 Medical Council Registration No. & Place :					

18	EXPERIENCE:						
SI	Organisation	Post Held	Period		Last Pay	Nature of duties	
No			From	То			

**Declaration**: I hereby declare that the particulars furnished above are true and 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 4/2024 (R&P). 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.

PLACE:

SIGNATURE :

DATE :

NAME :