

**OFFICE OF THE DISTRICT MEDICAL SUPERINTENDENT  
DISTRICT HOSPITAL KOLASIB**

**APPLICATION FORM**

**Name of post applying for:** \_\_\_\_\_

**PERSONAL INFORMATION**

**Name (in Capital):** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

Attach  
Passport  
Size Photo  
here

**EDUCATIONAL QUALIFICATION**

Qualification	Institute/University	Course duration in years	Year of Passing	% of marks obtained

**EXPERIENCE DETAILS**

Name of Organization	Designation	Job responsibilities	Year of Service



**DECLARATION:**

I hereby declare that all statements made in this application are true, complete and correct to the best of knowledge and belief. I understand that in the event of any information being found untrue or incorrect at any stage of my not satisfying any of the eligibility criteria stipulated, my candidature is liable to be cancelled.

**Signature:**

**Date:**

**DOCUMENTS REQUIRED:**

1. Qualification Certificate and Mark sheet
2. Experience Certificate
3. Birth Certificate
4. Computer certificate.
5. Others Relevant Documents.

