BIHAR MEDICAL SERVICES & INFRASTRUCTURE CORPORATION LTD.

Application Form

App	lication for the po	st of:						
Name							Affix recent colour	
Father's/ Husband's Name							photograph here	
Mother's Name								
Date of Birth (dd/mm/yyyy) (matric certificate for age proof to be submitted)								
Age (as on 31.01.2023)								
Date of retirement (only for the post of Consultant)								
Post & Department from which retired (only for the post of Consultant)								
Geno		,						
Marit	al Status							
Natio	nality							
Category Tick(√) whichever is applicable (caste & domicile certificate copy to be attached to claim age relaxation for the post of Company Secy.)			Unreserved () EWS () EBC () BC () Schedule Caste () Schedule Tribe () BC (Female) ()					
Whether PwD applicant Tick(\(\)) whichever is applicable (disability certificate to be attached)			Yes () No ()					
Present Address								
Permanent Address								
Mobile Number								
E-mail ID								
Details of Application Fees Bank, DD No. & Amount								
Acad	lemic background (Starting fro	om highest) ksheets & certificates/deg	ree)				
SN	Qualification	Bo	ard/University	Year of passing	% of Marks*	Subject/	Specialization	
*Pleas	e convert grades/CGPA	etc. to perce	ntage and mention.					

Work Experien	nce (starting from the copy of experience certific	latest)						
(Flease eliciose C	From (dd/mm/yy)	Laies)						
	To (dd/mm/yy)							
	Organization Name							
	Designation held							
	Brief profile of the							
Experience 1	Responsibilities							
	held							
	From (dd/mm/yy)							
	To (dd/mm/yy)							
	Organization Name							
	Designation held							
Evnerience 0	Brief profile of the							
Experience 2	Responsibilities							
	held							
	From (dd/mm/yy)							
	To (dd/mm/yy)							
	Organization Name Designation held							
	Brief profile of the							
Experience 3	Responsibilities							
•	held							
	То	tal Experience (in years)						
(Add extra shee		,						
Awards/Recog	nition/Achievements);						
Any other info	rmation that the cand	didate would like to give in s	upport of his/her candidature					
(kindly attach de	ocumentary evidence)							
		Dealandian						
		<u>Declaration</u>						
I,	I, son/daughter/wife of hereby							
	declare that the information given as above are correct and complete and no material/information has							
been concealed, distorted or suppressed by me. I am aware that furnishing of any false information or								
fabricated/forged/fake document would lead to rejection of my candidature at any stage besides								
liabilities towards prosecution under appropriate law.								
Date:	Date:							
Place:	Place: Signature of the Candidate							
			2.9					

Note: The candidate may use additional paper wherever required.