

APPLICATION FORMAT (Annexure I)

Addiction Treatment Facility (ATF) Murshidabad Medical College & Hospital, Berhampore, Murshidabad supported by Ministry of Social Justice and Empowerment, Govt. of India

A. Name of the Applicant (in Block Letter) : _____

B. Post applied for : _____

C. Age (as on 01.07.2024) : _____ YEARS _____ MONTHS _____ DAYS

D. Gender : _____ **D. Marital Status:** _____

E. Date of Birth (DD/MM/YYYY) : _____ / _____ / _____

F. Father's / Husband's Name: _____

G. Present Address: _____

H. Mobile No. _____ **I. Telephone:** _____

J. E-mail address: _____

K. Permanent Address: _____

L. Preferred Communication Address: Present / Permanent

M. Educational Qualification: (Self-attested Proof in Xerox copies to be attached)

Qualification	Year	Board / University	% of Marks Obtained	Attempts / Remarks

N. Computer Knowledge : (Self-attested Proof in Xerox copies to be attached)

Qualification	Year	Board / University	% of Marks Obtained	Attempts / Remarks

O. Experience : (Self-attested Proof in Xerox copies to be attached)

Post	Organization	From	To	Period	Salary

P. Any other Information (if any) : _____

Signature of Candidate: _____

Name of Candidate: _____

Date : _____

Place: _____