

**GOVERNMENT OF MAHARASHTRA  
PUBLIC HEALTH DEPARTMENT 2018  
(RECRUITMENT OF MEDICAL OFFICER GROUP-A)**

<b>GOVERNMENT OF MAHARASHTRA PUBLIC HEALTH DEPARTMENT 2018 (RECRUITMENT OF MEDICAL OFFICER GROUP-A)</b>			
Post Applied For			
Name In Marathi			Recent passport size Photograph
Father s /Guardians Name			
Mothers Name			
Father's /Guardians Occupation			<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> Candidate Signature(in box)
Gender		Marital Status	
Date of Birth		Age as On (30/01/2018)	
Mother Tongue		Email-ID	
Contact and Marital Information			
Correspondence Address			
Correspondence Address in Marathi			
Permanent Address in Marathi			
Whether Spouse working with Govt. Department		Spouse Place Of Posting	
Profession of the Spouse			
Reservation			
Category		Caste Certificate	
Caste		Sub Caste	

Non –Creamy Layer Certificate			Annual Income	
Social Reservation				
Physically Handicapped				
Fees Details :				
Sr.No	Demand Draft No.	Amount	Bank Name	
1				
General Information				
Possesses Adequate Knowledge to read, write and speak Marathi Language				
Date Of Completion of Compulsory Rotating Internship(dd/mm/yyyy)				
Date Of Registration (dd/mm/yyyy)	Registration Number		Date Of Renewal (If any) (dd/mm/yyyy)	
Has Successfully Completed MS-CIT ?				
Preferred Area of Posting				
MBBS Year wise Marks:				
Year	Marks	Out of Marks		
1stYear				
2 <sup>nd</sup> Year				
3 <sup>rd</sup> Year				
4th Year				
Total				
Percentage Mark in MBBS				
Has any other Post Graduate Degree/Diploma in Medical subject				
Subject				

Qualifying examination:

Sr.No	Faculty	Program	Specialization	Board/University	Passing Year	Classes	Total Marks Obtained	Total Out of Marks	Percentage

Experience:

Sr.No	Post Held	Organization Name	Organization Address	Nature of Appointment	Is the office Institution Owned by Govt. of Maharashtra

Sr.No	Exact date to be given (Form-To)	Total Period (Year/Month/Days)	Scale of Pay	Basic Pay (In Rs)	Nature of Post	Reasons for Leaving along with discharge certificate

Total Experience	(A) Before essential Qualification
	(B) After essential Qualification
	(C) After higher Qualification

Required Documents :

Sr.No	Documents
-------	-----------

0	
1	
2	
3	
4	
5	
I hereby declare that all the information furnished by in me application from are true .complete and correct to the of my know ledge and behalf :I do understand that I need to obtain and produce all the required original certificate enlisted in the form bye me at the time of document verification .I understand that entries made bye me in this application form are final and binding on me I further declare that in the event any information being found false or incorrect I shall be liable for disqualification as mentioned in the notification	

Place:

Date:

Signature of the Candidate

# Affidavit

Affidavit to be furnished by a person along with the Application for the post Of Medical Officer MMHS Group A IN the pursuance of the Advertisement Number 01/2015 Dated .....published by Selection board For Medical Officer Recruitment Established by Public Health Dept. Govt.of Maharashtra.

I ..... Son daughter /wife of .....  
.....aged about .....years resident of .....

Do hereby solemnly affirm / state on oath as under :-

1..I have Submitted my application for the Post of .....  
In pursuance of the Advertisement No.01/2015 dated .....

2.I have read the provisions in the Rules and Notification of the Selection Board Carefully and I hereby undertake to abide by them .I further declare that I fulfill all The conditions of eligibility regarding age limits .educational qualifications. Experience if any .concession etc prescribed for the Post herein above.

3. I hereby declare that all the statements made in this application are true . Complete and correct to the best of my knowledge& belief .in the event of my Information being found false or incorrect or I am declared ineligible liable to be dismissed From service

4.If information given in this Affidavit on oath is found to be false i.e.not Supported by documentary proof at the time of verification by the Selection Board .I Will be liable to be blacklisted and Debarred from all further examinations and selection processes of the Selection Board :and liable for disciplinary proceedings if already in Government Service

Place:

Date: Signature of Deponent

.....  
.....

## VERIFICATION

I the above named deponent do hereby verify and declare that the contents Of this Affidavit are true and correct to the best of my knowledge and belief.No Part of it is false and nothing material has been concealed therein.  
Verified at .....this .....day of .....20.....

Deponent

Notary