



COAL INDIA LIMITED
Application for the post of Sr.Medical Specialist (E4 Grade)
Medical Specialist (E3 Grade)

Paste self attested
recent passport
size colour
photograph

Post Applied For:

Speciality:

1	Name (IN BLOCK LETTERS) (as per Matriculation certificate)	
2	Father's / Husband's Name	
3	a) Date of Birth (In Figure) b) Date of Birth (In words)	a) _____ b) _____
4	Age as on cut-off date (04-Mar-15)	Years..... Months..... .. Days.....
5	Gender: (Male / Female)	
6	Nationality	INDIAN
7	Marital Status (Single /Married / Widow/ Divorcee)	
8	If Married, Occupation of Spouse:	
9	Religion	
10	Category (SC / ST / OBC-NCL / UR)	
11	Are you a Person with Disability (PWD)? If Yes, circle the category of disability (VH/OH/HH)	Yes / No Percentage of Disability: VH / OH / HH
12	Mobile No	
13	Email ID (should be valid for 1 year)	
14	Correspondence AddressPincode.....
15	Were you domicile of J&K during the period 01-Jan-80 to 31-Dec-89?	Yes / No
16	a) Are you an Ex-Serviceman? If yes, mention the last Rank held and the no. of years served in the Rank. (as on cut-off date)	Yes / No

17	Are you an Employee of CIL: If Yes: a) EIS No.: b) Designation / Grade: c) Name of Subsidiary:	Yes / No
18	Whether working in Government / Semi Govt. / PSU / Autonomous Body: If Yes: a) Name of Company / Institution b) Notice Period Required:	Yes / No

19. EDUCATIONAL QUALIFICATIONS: (Academic and Professional)

	Institute	University	Specialization	Month and year of passing	Marks Obtained	Total Marks	% age of marks
High School / Matriculation/ SSC Exam							
Intermediate / HSC Exam							
MBBS Total							
Post-Graduation							
Any Other Qualification							

** If candidates have obtained their PG degree from Foreign University / institute, the date of Passing qualifying examination from MCI _____ (certificate from MCI to be enclosed).

20	Medical Registration Certificate No : (Issued by MCI / State Council after completion of PG) Date of Issue:
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21. Experience after Post Graduation: (Chronological order):

Sl. No	Designation	Organization	Govt./ Semi Govt. / PSU / Autonomous Body / Private	Pay-scale & Gross Pay Permonth	Period		Total Period	Reasons for leaving
					From (dd/m m/yy)	To (dd/m m/yy)		

(Please use separate sheet if required)

22	Research papers published in Medical Journals (National / International only) If Yes, a) Title of Paper b) Name of Journal c) Date of Publication	Yes / No
23	NCC Certificate (A/B/C)	Yes / No
24	Bravery Awards	Yes / No
25	Extra-Curricular Activities – Games & Sports, etc. (Only National & International Level)	Yes / No

26. Challan Details:

Challan No.	Date	SBI Branch Code & Name

I, hereby declare that the information as furnished above is correct to the best of my knowledge and belief. If any of the information as furnished above is found to be incorrect, my candidature for the post applied is liable to be cancelled at any stage of the selection process.

Date: _____

Place: _____

Signature of the candidate

Note:

1. Please sign across the photo pasted on the first page of Application form.
2. The candidate is required to fill up all the columns. Application will be rejected if any column is left blank, not filled or incomplete. No further correspondence will be entertained.
3. Ensure that the mobile no. and email ID are correct and valid for one year.
4. If space is inadequate for Sl. No.21, 22 or any other column, use separate sheet(s).
5. If the percentage of marks / any other data entered by the candidate is found incorrect, the company reserves the right to reject the application.
6. Self-attested photocopies of the all the applicable certificates.

Check List

Sl No	Enclosures	Attached
1	Date of Birth	YES <input type="checkbox"/> NO <input type="checkbox"/>
2	Caste / Category	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
3	PWD Certificate	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4	J&K Domicile	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5	Ex-Serviceman	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6	Certificate of educational / professional qualification along with mark-sheets of all the years	YES <input type="checkbox"/> NO <input type="checkbox"/>
7	Registration certificate issued by MCI / State Medical Council	YES <input type="checkbox"/> NO <input type="checkbox"/>

8	Pass certificate issued by MCI (in case of Foreign Degree)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
9	Experience Certificate from previous employer(s)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
10	NOC incase of Govt./ Semi Govt./ PSU / Autonomous Body (if applicable)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
11	Research papers published in Medical Journals	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
12	NCC Certificate (A/B/C)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
13	Extra-Curricular Activities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
14	Fee Paid (Copy of Challan)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
15	Any other please specify			