

HARYANA MEDICAL SERVICES CORPORATION LIMITED

Bays No. 59-62, Sector – 02, Panchkula

Application for the post of _____

Paste Passport
Size Photo Here

1. Name of the Candidate : _____
2. Father's/Husband's Name : _____
3. Sex : Male/Female
4. Date of Birth
(DD/MM/YY) : _____
5. Category to which the
candidate belongs : _____
6. Telephone/Mobile No. : _____
7. E-mail Address : _____
8. Permanent Address : _____

_____ PIN CODE _____
9. Correspondance Address : _____

_____ PIN CODE _____

10. Educational/Professional Qualification :

	Board/ University	Year of Passing	Maximum Marks	Marks Obtained	% age of marks	Division	Subject
	10 th						
	10+2/Vocational/ Intermediate						
	Graduation						
	Post Graduation						
	Any other Course/Diploma etc.						

11.	Total Experience: Year(s) _____ Month(s) _____ Day(s) _____					
	Name of Institution/Organization	Designation	From	To	Pay/Salary (P.M)	Total Period

12. Detail of document attached:

Sr. No	Attached Document	Sr. No	Attached Document
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

13. Declaration: I hereby declare that

1. All statement in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or indelibility being detected before or after the interview/selection/appointment, my candidate may be cancelled and action can be taken against me by the commission
2. I have read the provision in advertisement of the omission carefully and I hereby undertake t abide by them. I fulfill all the conditions of the eligibility regarding age limits, educational qualifications etc. prescribed in the advertisement and other relevant rules and instructions.
3. I have never been convicted by criminal court

Date : _____

Place : _____

Signature of Candidate.