

तमिलनाडु केन्द्रीय विश्वविद्यालय

(संसद द्वारा पारित अधिनियम 2009के अंतर्गत स्थापित) **CENTRAL UNIVERSITY OF TAMIL NADU** (Established by an Act of Parliament, 2009) नीलक्कुड़ी परिसर/Neelakudi Campus,तिरुवारूर/Thiruvarur- 610 005 Email: recruitment@cutn.ac.in / Tel: 04366-277256

Medical Officer (On Temporary Engagement) Engagement Notification No. CUTN/TE/01/2021Dated 26-10-2021

APPLICATION FORM FOR THE MEDICAL OFFICER (ON TEMPORARY ENGAGEMENT

(Please read carefully the instructions given in the eligibility criteria before filling the format)

1.	Name of the position :		Paste a recent			
	a) Department(if any) :		Passport Size			
2.	a) Name in full (in BLOCK lette	rs) :	Photograph			
	b) Father's /Husband's Name	:				
c) Whether belonging to : SC () ST () OBC () PWD () EWS()UR () (Please enclose self-attested copy of caste/disability proof certificate issued by the competent authority) d) Religion :						
	e) Date of birth (Christian Era)	: <u>DD</u> / <u>MM</u> / <u>YY</u>	<u>AYY</u>			
3.						
	nt address (with phone number ress) (In block letters)	(b) Address for corresponden number and e-mail address) (· -			
Mobile No:						
Email Id:						

4. a) Educational Qualification (commencing with Matriculation). Attach one set of self-attested copies of Certificate(s).

Sl. No	Examination passed	University/Board	Year	Class/ Division/ Grade	% of marks	Subject offered

5. Details of employment (In chronological order starting from present employment)

Office/ Institution employed	Date of Joining	Date of leaving	Post held	Scale of pay with Grade pay	Basic pay Rs.	Total Salary (Gross) Rs.	Job Description*

(Please enclose self-attested copies of certificates/proof in support of employment) (*Attach separate sheet, if needed)

6. Time required for joining, if selected:

I hereby declare that all the statements made in this application form and enclosures are true to the best of my knowledge and belief.

Place: Date: Signature of the applicant

Name: