

**Application for Doctor on a retainer basis at Indian Oil Corporation Limited,  
Western Region Pipelines, Beawar**

1. Name of the Applicant:
2. Date of Birth:
3. Residence & Clinic address with telephone no. cell no. & e-mail id:
4. Educational Qualification: (Medical Qualifications only)

Please affix latest,  
self – attested  
passport-size  
colour photograph

S. No.	Details of qualification / Name of the Degree	Specialization	College / University / Institute	Year of Passing

Add extra sheets (if required)

5. Experience as a Medical Practitioner:

S. No.	Name of Hospital Posted	Department	Designation	Period	
				From	To

Add extra sheets (if required)

6. Details of Certificate of Registration:

Registration Number	Year of Registration	State Medical Council

7. Any other information :

I hereby declare that the information furnished by me above is true to the best of my knowledge.

Place :

Date :

(Name & Signature of the applicant)

Please enclose the following along with application:

- a) Copy of Certificate of Medical Qualification [MD(Medicine) / MS(General Surgery) / MBBS]
- b) Copy of Experience Certificates etc.
- c) Copy of Certificate of Registration (should be valid on date of submission of application)