Application for part-time Doctor-in-Attendance on retainership basis at Indian Oil Corporation Limited (Pipelines Division) Eastern Region Pipelines. Madarihat.

2. Date of Birth:3. Residence & Clinic address with telephone no. cell no. & e-mail id:						latest, self – attested passport size colour photograph	
	ational Qualification: (0/ -4	unauka ak	.toinad
S. No.	Degree (ollege	/ University	% of marks obtained			
5. Expe	ra sheets (if required,		ner:				
S. No.	Name of Hospital Posted		Department	D	esignation	Period	
						From	То
Add ext	ra sheets (if required)					
6 Detail	s of Certificate of Rec	gistratio	า:				
Registration Number		Yea	r of Registration	State Medical Council			
I hereby	declare that the info	rmation	furnished by me ab	ove i	s true to the l	pest of my	

Please enclose the following along with application:

1. Copy of Certificate of Medical Qualification.

knowledge.

Place and Date:-

1. Name of the Applicant:

- 2. Copy of Service Certificate (in case of Govt. Doctors)
- 3. Copy of Experience Certificates from previous Employers.
- 4. Copy of Certificate of Registration (should be valid on date of submission of application)

(Signature of the applicant)

Please affix