

**Application for Doctor on a Retainer Basis at Indian Oil Corporation Limited,
Eastern Region Pipelines, Bolpur**

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)