

URANIUM CORPORATION OF INDIA LIMITED

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APPLICATION FORMAT

[Candidates are requested to furnish the latest information]

WALK IN INTERVIEW FOR MEDICAL OFFICER

01. Post applied for : _____

02. Name (in block letters) : _____

03. Date of birth : _____

04. Father's/Husband's name : _____

05. Category (SC/ST/OBC/PH) : _____
(Attach attested certificate)

06. Permanent Address (including Tel No.) : _____

07. Mailing Address (including Tel.No. Email id) _____

08. Academic Qualification (Xth onwards) (attach attested certificates):

Exam Passed	School/ College	Year	Board/ University	Class/Divn % of marks	Subjects

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09. Professional Qualification (attach attested certificates):

Exam Passed	School/ College	Year	Board/ University	Class/Divn % of marks	Subjects

10. Experience

Sl.No.	Name of Inst/Organization	Design.	Period		Nature of job	Last salary drawn
			From	To		

11. Extra-Curricular activities:

12. Languages known (Speak/Read/Write): _____

13. References (Non-relatives) with full address 1. _____

2. _____

14. Application Fee details: _____

I hereby declare that the information furnished hereinabove are true and correct to the best of my knowledge and belief.

(Signature of applicant)

Name: _____

Date:

Place: