

**GOVERNMENT OF WEST BENGAL
DIRECTORATE OF EMPLOYEES' STATE INSURANCE (M.B.) SCHEME
P-233, C.I.T. SCHEME VII M, (2ND FLOOR), BAGMARI ROAD
KOLKATA-700054**

APPLICATION FORMAT

For the post of contractual Pharmacist/ Medical Technologist (Lab.)/ Medical Technologist (X.Ray)

(TO BE FILLED UP IN BLOCK LETTER)

1. Name of the post applied for
2. Name in full (in Capital letters)
3. Father's Name

Space for
pasting recent
passport size
photograph
duly signed by
the candidate

4. a) Date of Birth according to Madhayamik
or equivalent examination.

D	D	M	M	Y	Y	Y	Y

- b) Age as on 1.01.2010

Year	Month	Days

5. Sex (Male or Female)

6. Are you a retired government servant? (Y/N)
(If yes attach supportive document PPO etc)

7. Postal Address (mentioning P.O., Sub-Division, District, PIN Code) :-

8. Nationality:- _____

9. Academic qualification with % of Marks obtained (in tabular form):-
(To be supported by relevant document)

Name of the Examination passed	Name of the Board/ University	Marks obtained	% of marks	Year of passing

10. Details of Employment:- (to be supported by relevant document)

Name of the post	Institution/Office where employed	Permanent or Temporary	Date of joining (exact date)	Date of leaving (exact date)

11. No. & Date of Registration:
(to be supported by relevant document)

12. Any other relevant information:

13. Contact Phone No:

15. District Choice : 1. _____ 2. _____ 3. _____

16. Total no of & List of documents enclosed:

DECLARATION

I hereby solemnly declare that the information furnished above are true to the best of my knowledge and belief. If any information furnished or any part of it is found to be incorrect, then I verily believe and understand that my candidature for contractual recruitment to the above mentioned post is liable to be cancelled without any further intimation to me.

Date:

Place:

Signature of the candidate in full