



INDIRA GANDHI INSTITUTE OF TECHNOLOGY, SARANG

ଇନ୍ଦିରା ଗାନ୍ଧୀ ବୈଷୟିକ ଅନୁଷ୍ଠାନ, ସରାଙ୍ଗ

An Autonomous Institute of Govt. of Odisha

APPLICATION FOR THE POST OF MEDICAL OFFICER IN IGIT, SARANG

(Advt. No.IGIT/Estt./

Dated / /2022)

Affix one recent
passport size
color
photograph

Fees: DEMAND DRAFT No. _____ Date ____/____/____ Amount _____
(Please mention the Name and address of issuing Bank)

1. Name of the Applicant in full :

(in capital letters; surname should be underlined)

2. (a) Date of Birth (DD/MM/YY) :

(Enclose copy of the Proof /
HSC Certificate)

(b) Place of Birth :

3. (a) Nationality :

(b) Name of the State to which
the Applicant belongs :

4. Category (GENERAL/SC/ST/
SEBC / PWD) (Enclose attested
photocopy of the Certificate)

5. Sex (Male/ Female/Transgender) :

6. Religion :

7. (a) Language Known :

(b) Mother Tongue :

8. Marital Status (Married/ Unmarried
/ Divorced) :

9. (i) Father's Name and
Address :

(ii) Spouse's Name :

10. Address for Correspondence :

(In Capital Letters with PIN Code,
email ID, Telephone Number with
STD code, & Mob No.)

Mob:

Email:

11. Permanent Address (In capital
letters with PIN Code) :

Date:

Full Signature of the Candidate

12. Academic Qualifications :

(Enclose evidence/documents from HSC onwards up to highest degree in chronological order) (**Annexure-1**)

Sl No	Exams passed	Name of degree awarded	University/ Board/ Institution	Month / Year of Passing	Subjects in which Degree is awarded	Specialization, if any	% of Marks / CGPA*	Class / Division
1	HSC or Equivalent							
2	+ 2 or Equivalent							
3	MBBS							
4	Any other qualification							

* Please provide documents in support of qualifications HSC /10th onwards and percentage of marks in two decimal point.
* In case of CGPA / CPI, please give marks in percentage along with the conversion formula. Attach the xerox copy of all the Certificates & Mark Sheets and supports documents in **Annexure-1**.

13. Details of Employment(s) (In : *Enclose the self-attested copy of documents / Experience Certificate issued by the Head of Organization / Employer in Annexure-2*)
chronological order starting with most recent)

Sl	Name & Address of Organization & Employer along with official website, E-mail address & Mob No.	Status of the Institute/ University (Govt./Quasi Govt./Autonomous etc.)	Period of Service		Post held / Designation	Scale of pay / Pay Band and Grade Pay	Basic Pay at the time of Leaving	Work Description & Nature of Employment (Permanent / Tenure / Contractual / Part-Time)	Total in Years of Full Time Regular Employment
			From	To					
Total (Years)									

14. Self Declaration on Court Cases (if any): (*Enclose details in Annexure-3*)

- (a) Have you ever been convicted by any Court of Law (Yes/No) :
(If Yes, give details)
- (b) Is there any Court Case/Criminal Proceedings/ Vigilance Enquiry or any cases pending against you (Yes/ No) :
(if Yes, give details)

15. Any other information in support of your candidature (if any) :

16. Minimum Joining time require (if selected):

Date:

Full Signature of the Candidate

17. Name and address of the two Referees :
(With Mobile/ Telephone / Email ID)

- 1. _____
- 2. _____

18. Declaration :

I declare that the foregoing information furnished by me is correct and nothing has been concealed / distorted. If at any time, I am found to have concealed / distorted any material information, my appointment shall be terminated without any notice or compensation and proceedings may be drawn against me, for which I shall have no objection to it.

Place :
Date :

Full Signature of the Applicant

Name : _____

Date:

Full Signature of the Candidate