



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

(ADVERTISEMENT No.:002/2021)

(No: IGIT/Estt./163,

Date: 04 / 02 /2021)

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 /10<sup>th</sup> 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 chronological order starting with most recent) : (Enclose the self-attested copy of documents / Experience Certificate issued by the Head of Organization / Employer in **Annexure-2**)

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					
<b>Total (Years)</b>									

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) :

Date:

Full Signature of the Candidate

16. Minimum Joining time require (if selected):

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**