



**GOVERNMENT OF MAHARASHTRA**  
**(RECRUITMENT OF MEDICAL OFFICER GROUP - A)**

**Post Applied For :**

**Name**

**Name in Marathi**

**Father's/Guardian's Name**

**Mother's Name**

**Father's/Guardian's  
Occupation**

**Recent Passport size  
photograph**

**Candidate Signature  
(in Box)**

**Gender**

**Marital Status**

**Date Of Birth**

**Age as on (31/03/2016)**

**Mother Tongue**

**Email-ID**

**Contact and Marital Information :**

**Correspondence Address**

**Correspondence Address in Marathi**

**Permanent Address**

**Permanent Address in Marathi**

**Whether Spouse working with Govt.  
Department?**

**Spouse Place  
of Posting**

**Profession of the Spouse**

**Reservation :**

**Category**

**Cast Certificate**

**Caste**

**Sub Caste**

**Non-Creamy Layer Certificate**

**Annual Income**

**Social Reservation**

**Physically Handicapped**

Fees Details :										
Sr.No.	Demand Draft No.			Amount			Bank Name			
1.										
General Information :										
Possesses Adequate Knowledge to read, Write and Speak Marathi Language										
Date of Completion of Compulsory Rotating Internship (dd/mm/yyyy)										
Date Of Registration (dd/mm/yyyy)				Registration Number				Date Of Renewal (If any) (dd/mm/yyyy)		
Has successfully completed MS-CIT?										
Preferred Area of Posting										
MBBS Yearwise Marks :										
Year		Marks					Out Of Marks			
1st Year										
2nd Year										
3rd Year										
4th Year										
Total										
Percentage Marks In MBBS										
Has any other Post Graduate Degree/Diploma in Other medical Subject										
Subject										
Qualifying Examination :										
Sr.No.	Faculty	Program	Specialisation	Board/University	Passing Year	Class	Total Marks Obtained	Total Out of Marks	Percentage	
1.										
2.										
Experience :										
Sr.No.	Post Held	Organisation Name	Organisation Address	Nature of Appointment			Is the office/ Institution owned by Govt. Of Maharashtra			
1.										
2.										
3.										

4.					
5.					
6.					
7.					
8.					

Sr.No.	Exact Dates to be given (From-To)	Total Period (yyyy/mm/dd)	Scale of Pay	Basic Pay (In Rs.)	Nature of Post	Reasons for leaving along with discharge certificate
1.						
2.						
3.						
4.						
5.						
6.						

<b>Total Experience :</b>	<b>(A) Before essential Qualification</b>	
	<b>(B) After essential Qualification</b>	
	<b>(C) After higher Qualification</b>	
<b>Required Documents :</b>		
<b>Sr.No.</b>	<b>Documents</b>	
<p><b>I hereby declare that all the information furnished by me in this application from are true, complete and correct to the best of my knowledge and belief. I do understand that I need to obtain and produce all the required original certificates enlisted in the form by me at the time of document verification. I understand that entries made by me in this application form are final and binding on me. I further declare that in the event any information being found false or incorrect I shall be liable for disqualification as mentioned in the notification.</b></p>		

**Place :**

**Date : Signature of the Candidate**

# Affidavit

Affidavit to be furnished by a person along with the Application for the post of Medical Officer MMHS Group A in the pursuance of the Advertisement Number 1/2016 Dated ..... Published by Selection Board For Medical Officer Recruitment, Established by Public Health Dept.

Govt.Of Maharashtra.

I,..... Son / daughter / wife of .....  
Aged about ..... Years, resident of ..... do hereby  
solemnly affirm/state on oath as under :-

1. I have submitted my application for the Post Of ..... in pursuance of the Advertisement No. 1/2016 dated.....
2. I have read the provisions in the Rules and Notification of the Selection Board carefully and I hereby undertake to abide by them. I further declare that I fulfill all the conditions of eligibility regarding age limits, educational qualifications, experience if any, concession etc. prescribed for the Post herein above.
3. I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge & belief. In the event if my information being found false or incorrect or I am detected ineligible, I am liable to be dismissed from service.
4. If information given in this Affidavit on oath is found to be false i.e. not supported by documentary proof at the time of verification by the Selection Board, I will be liable to be Blacklisted and Debarred from all further examinations and selection processes of the Selection Board; and liable for disciplinary proceedings if already in Government Service.

Place :

Date :Signature of Deponent

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## VERIFICATION

I, the above named deponent do hereby verify and declare that the contents of this Affidavit are true and correct to the best of my knowledge and belief. No part of it is false and nothing material has been concealed therein.

Verified at ..... this ..... Day of  
.....20....

**Deponent**

