

**ARUNACHAL PRADESH
PUBLIC SERVICE COMMISSION
ITANAGAR**

APPLICATION FORM FOR ADMISSION TO THE RECRUITMENT EXAMINATION FOR MEDICAL OFFICER UNDER DEPTT. OF HEALTH AND FAMILY WELFARE.

Important Instructions

- A. Candidates are required to submit all supporting documents as claimed and declared under Column No. 7,8,9,10,11,12 and 13 of this application form. (This application form must be filled up by the candidate neatly in his/her own handwriting).
- B. Paste one of your self attested recent colour passport size photograph in the space provided in this application form and one more self attested photograph should be pasted in the attendance sheet.
- C. Do not pin or staple the photographs. Paste the photographs firmly with gum in the space provided.
- D. All the enclosed supporting documents/certificates should be self attested or attested by a Gazetted officer.

Affix a self attested recent colour passport size photograph here. (Do not sign on the face)

1. NAME OF THE POST: _____ (ALLOPATHY/AYURVEDA)

2. NAME OF APPLICANT (In Block Letters) (Give one Box gap between First/Middle/Surname)

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3. FATHER'S/HUSBAND NAME (Give one Box gap between First/Middle/Surname).

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4. Address for Correspondence
(Telephone No. if any with STD Code)

5. Permanent Address
(Telephone No. if any with STD Code)

Tel/Mobile No. _____

Tel/Mobile No. _____

PIN:

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PIN:

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6. Nationality :- _____

7. Caste/Tribe : _____
(Self attested Certificate to be enclosed)
Whether SC/ST/OBC/General)

8. Date of Birth

Day	

Month	

Year			

(As recorded in matriculation certificate (Self attested Certificate to be enclosed)

9. **Educational Qualifications** : _____
(Enclose self attested Certificate & Marksheet from Matriculation onwards)

10. **PRC to be furnished/enclosed** : _____
(For General Candidate only).

11. **If PwD (indicate the type of disability)** : _____
(self attested disability certificate to be enclosed).

12. **REGISTRATION NO. of APMC/MCI/OSMC/APIMC& OCIMC :-** _____
(Enclose self attested certificate)

13. **Address of Department** :- _____
(In case of candidate already inservice)

(a)Present post/service held :-

(b)Date of Appointment :-

(Enclose self attested copy of NOC/Intimation letter from his/her HoD)

14. **Have you ever been debarred by UPSC/ State PSC/State Selection Commission from by of their Examination, If so the period and date from which debarred**

:- Yes

:-No

15. **List of enclosures :-**

(a) (b)

(c) (d)

(e) (f)

(g) (h)

//DECLARATION//

I hereby declare that, the statement made by me in this application is complete and correct to the best of my knowledge and belief. I have carefully gone through the advertisement and conditions laid down thereof and also hereby undertake to abide by them. In the event of any information being found false or incorrect before, during and after this examination, the Commission can take action leading to cancellation of my candidature at any stage of recruitment process.

Place :-

Date :

Signature of the Candidate with date

ARUNACHAL PRADESH PUBLIC SERVICE COMMISSION

ATTENDENCE SHEET

MEDICAL OFFICER RECRUITMENT EXAMINATION, 2017

Name of the post: _____ (ALLOPATHY/AYURVEDA)

Name of the Candidate.....

Roll No:

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Paste here firmly your recent colour passport size photograph duly self attested on the front side of the photograph.

(Do not attest on the face)

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Specimen Signature of the Candidate

TO BE FILLED UP IN THE EXAMINATION HALL



Sl. No.	Subject and Paper	Answer-script/ OMR sheet barcode No.	Candidate's Signature with date	Invigilator's Signature
1				
2				

N.B: Candidates signature on attendance sheet in the exam hall must be an identical one with his specimen signature already appended above.

Signature of the Centre Superintendent

FOR USE DURING INTERVIEW)

5	Viva-Voce	Signature of the candidate with date

Signature of the Duty Officer/Official