BHABHA ATOMIC RESEARCH CENTRE MEDICAL DIVISION

Applic	ation	No	
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APPLICA	ATION	FOR T	HEP	OST	OF	
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РНОТО

1.	Name in full beginning with Surname (in block letters)	: Shri/Smt./Kum)
2.	Nationality	
3.	Marital Status	:
4.	Date of Birth (in Christian era)	
5.	Address in block letters (a) for correspondence with PIN co	de:
		:
	Telephone/Mobile No.	:
	Email ID	
	(b) Permanent Address	Å.

6. Educational and Professional Qualification from SSC onwards:-

Sr. Class &							
N	Fyaminatio	University/Board /Institution	Year of passing	Subjects	Class & % of marks		
1	. SSC						
2	. HSC						
3							
4	•						
5.							

7. Experience (Particulars of all previous and present employment are to be furnished)

Name & Address of	Post Held	Whether Central /State /Govt./PSU	Period of Service		Perman ent or	Reason
employer/Institution	with Pay		From	То	Tempor ary	Leaving
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а п						

8.	Area	of Specialization:		·	,
9.					
	Sr no.	Name of Relative	Relationship	Unit in which employed	Post held
				4H V	U
10.	*	other information you n		n the applicable b	ox).
	a) Sob) M c) Pa d) Ex	chool Leaving Certificate lark sheets of Educationa ssing Certificate perience certificate MC/MNC/MPC/DCI/OTI	(for Date of Birth) 1 & Professional Qu	ıalification	
Dat	e:		Sign	nature:	