

**APPLICATION FORM**

**THE MILITARY HOSPITAL, CHENNAI, SOUTHERN COMMAND**

Application for the post of .....

Ref: Newspaper ..... Advertisement No .....  
dated .....

To,

The Commandant

Paste a recent  
passport size  
self-signed  
photograph.

1. Full Name (in Block Letter): \_\_\_\_\_  
(As written in SSC certificate)
2. Father's/Husband Name : \_\_\_\_\_  
(in Block Letters)
3. Date of Birth (As per School Certificate) : \_\_\_\_\_
4. Age as on last date of receipt of application.....Years.....months.....days
5. Write category to which you belong: \_\_\_\_\_
6. Nationality: \_\_\_\_\_
7. Religion : \_\_\_\_\_
8. Address and PIN code in full for communication with nearest Railway station \_\_\_\_\_

- 
9. Present Postal Address:-  
Village/Mohalla/House No \_\_\_\_\_  
Post Office \_\_\_\_\_ Tehsil \_\_\_\_\_  
Police Station \_\_\_\_\_ District \_\_\_\_\_  
State \_\_\_\_\_ PIN Code \_\_\_\_\_

10. Permanent Address:-  
Village/Mohalla/House No \_\_\_\_\_  
Post Office \_\_\_\_\_ Tehsil \_\_\_\_\_  
Police Station \_\_\_\_\_ District \_\_\_\_\_  
State \_\_\_\_\_ PIN Code \_\_\_\_\_

## 11. Details of Academic/Technical &amp; Professional Qualification:-

<u>Name of the Exam Passed</u>	<u>Year of Passing</u>	<u>Name of Recognized University/ Board of Examination</u>	<u>% of marks obtained</u>	<u>Division</u>	<u>Remarks</u>

(Attested copies of certificate in support of above are to be enclosed)

## 12. Experience/if any (please attach certificate)

\_\_\_\_\_

## 13. Whether Govt Servant if Yes, give details of post held, Pay Scale and date of entry in Govt Service \_\_\_\_\_

## 14. Name of any Employment Exchange, with registration number &amp; date \_\_\_\_\_

## 15. E-mail ID \_\_\_\_\_ and Mobile No \_\_\_\_\_

**DECLARATION**

I hereby declare that all the statement made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false/ incorrect being detected before or after the test/interview, my candidature will stand automatically cancelled.

Dated : 2022

(Signature of the applicant)  
Name: \_\_\_\_\_

**FOR OFFICIAL RECORD ONLY**

1. Received on .....

2. Accepted/Rejected.....

3. Reason for rejection: Underage/Overage/Incomplete documents/Any other reason to be specified

.....

4. Index No..... Date of Test.....

**ACKNOWLEDGEMENT CARD**

Post:.....

1. Name .....

2. Father's Name.....

3. Address for correspondence: (to be filled same as per Column 6 of Application form)

House No/Street/Village .....

Post Office..... Distt.....

State..... PIN Code.....

4. Index No ..... Date and time of written test/skill test.....

5. Venue of written test/skill test.....



Signature of Controlling Officer