

**Kolkata Municipal Corporation (Health Department)**  
**5, S.N. Banerjee Road**  
**Kolkata - 13**

Write a phone  
no. back side  
of photo &  
attached

*Self Signature*

**Application Format for the post of Specialist .....for Polyclinic.**  
**Advertisement No -H/06/KMC/2023-24, dated 07.12.2023**

1. Name in full (in capital letters):
2. Guardian's Name:
3. a) Date of Birth according to Madhyamik: \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_  
Or equivalent examination certificate  
b) Age as on 01.01.2023: \_\_ \_\_ year.
4. Are you Physically Handicapped, write Yes or No:
5. Caste Category: (UR/SC/ST/OBC-A/OBC-B) of West Bengal:
6. Postal Address (in Capital Letters) : .....
7. Permanent address (in capital letters): .....
8. Contact No:
9. Email Id :
10. Whether citizen of India and permanent resident of West Bengal, write Yes or No:
11. Existing Employer's Name (if any) with date of joining:
12. If Joined KMC Office earlier then mention date of joining:
13. Educational/Qualifications:

Name of the Exam MBBS/MD/Dp/De	Name of the Board/University	Registration No	Full Marks	Marks Obtained	% of Marks	Year of Passing

14. West Bengal Medical Council Registration No:

15. Experience:

16. Declaration:

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically.

Place :

Date :

Full Signature of the Candidate