

Annexure I

APPLICATION FORM FOR ENGAGEMENT OF MEDICAL OFFICERS / PARAMEDICS ON CONTRACTUAL BASIS IN NATIONAL INSURANCE COMPANY LIMITED.

(Self-Certified photocopies of all relevant documents / certificates must be attached with application)

To,
National Insurance Company Ltd,
Head office, 3 Middleton Street,
Kolkata-700071.

<p>Paste Photo</p> <p>Attested by a Gazetted Officer</p>

I hereby submit my application for the Post of MEDICAL OFFICER/PARAMEDIC: _____

(Please mention the Post applying for in the blank space provided above)

1	Name	:	
2	Gender	:	
3	Date of Birth	:	
4	Father's Name/Husband's Name	:	
5	Present Address (For Correspondence)	:	
6	Permanent Address	:	
7	Category (UR/OBC/SC/ST)	:	
8	E-Mail ID	:	
9	Mobile No.	:	

Qualifications:

Educational Qualifications (Class X Onwards):			
Examination Passed/ Degree Obtained	Board/University	Year of Passing	% marks (Aggregate)
Experience In Clinical / Health Insurance Sector:			
Type Of Experience	Period of Experience	Place	Remarks (if any)

Employment details (if any) :

Name & full address of employer(s)	Designation/ Post held	Period		Scales & pay drawn	Job Profile
		From	To		

Kindly mention your preferred choice of posting among the seven cities viz. Kolkata, Delhi, Mumbai, Bengaluru, Hyderabad, Ahmedabad & Pune:

- 1.) _____
- 2.) _____
- 3.) _____

Candidate Declaration:

I hereby declare that all the above information and statements made by me are true and correct to the best of my knowledge and belief. I understand that in case it is detected at any stage of engagement process that I do not fulfil the eligibility norms and/or that the information furnished by me is incorrect/false or that I have suppressed any material fact(s), my candidature will stand cancelled, irrespective of the result of the selection process. If any of these shortcoming(s) is/are detected even after my engagement as Medical Officer/Paramedic, my engagement is liable to be terminated without any further notice. I also understand that in such circumstances, I will be liable to criminal prosecution.

Date:

Place:

Signature of Candidate

Name of the Candidate in full: _____