

**APPLICATION FORM FOR THE POST OF MEDICAL RECORDS CLERK ON PROMOTION BASIS**

Name in Block letters	
Emp. No	
Sex	
D.O.B	
Category (UR/SC/ST)	
Person with Disabilities (Yes/No)	
Designation	
Place of working with Intercom No.	
Date of regular appointment in this Institute	
Level in pay Matrix as per 7 <sup>th</sup> CPC	
Educational Qualification	
Mobile No.	

**DECLARATION**

I \_\_\_\_\_ hereby declare that all the statements 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 or incorrect or ineligible and detected before or after selection, I hereby convey my consent for cancellation of my candidature.

Signature of the candidate

Signature of the Head of the Department with Seal: