

13. Medical Council of India Regn. No. _____ Date _____.

State Medical Council Regn. No. _____ Date _____.

14. Post Qualification Experience (Compulsory):

(If the candidate is employed in Govt. Deptt., PSUs/Autonomous Bodies will have to produce NOC from present employer).

S #	Name of Employer	Design.	Date		Duration	Total Exp.
			From	To		
1						
2						
3						
4						
5						
6						
7						

15. Any other information you would like to furnish.

I do hereby declare that the above information given by me is correct. The same information was entered in the website (www.sail.co.in) for online application for the above mentioned post. I understand that false statement and / or suppression of any material fact in this application will be considered sufficient cause for withdrawal of my candidature / appointment offer / dismissal without notice.

Bhilai, Dated: _____

Signature of the Candidate

Note: Please attach self-attested photo copies of Age proof, qualifications, Registration Certificate, Caste certificate (if applicable) and experience.
