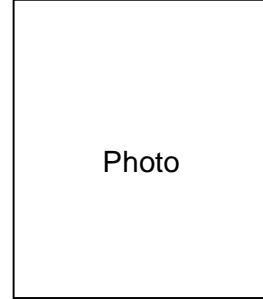


**ANNEXURE - I**  
**MEDICAL SERVICES RECRUITMENT BOARD**  
**APPLICATION FOR THE POST OF DIRECTOR FOR TAMIL NADU GOVERNMENT**  
**MULTI SUPER SPECIALITY HOSPITAL, CHENNAI.**



**Notification No: 02/MRB/2017 Dated: 28.04.2017**

Application No.# (To be filled by Medical Services Recruitment Board)	:	
Name of the post Applying for	:	<b>DIRECTOR</b>
<b>1. Full Name with initials</b>	:	
	:	
<b>2. Nationality / Citizenship</b>	:	
	:	
<b>3. Personal Details</b>	:	
Date of Birth	:	
Age	:	
Gender	:	
Marital Status	:	
Religion	:	
Candidate's place of Birth	:	
State	:	
Native District	:	
Father's Name	:	
Mother's Name	:	
	:	
<b>4. Registration Fee Details</b>	:	
Payment Mode	:	
Amount	:	
Demand Draft No.	:	
Date	:	

<b>5. Address for Correspondence</b>	:	
State	:	
District	:	
Pin code	:	
<b>6. Permanent Address</b>	:	
State	:	
District	:	
Pin code	:	
<b>7. Contact Details</b>		
Email ID	:	
Mobile No.	:	
Alternate Mobile No.	:	
<b>8. Are there any pending enquires / disciplinary action / Court cases / Recoveries against you in any institution / Court of law. (If yes, furnish details)</b>	:	
<b>9. Are you an In-service candidate (If yes, furnish details)</b>	:	
<b>10. Medical Council Registration Number</b>	:	
Place of Registration	:	
Date of Registration	:	

**11. EDUCATIONAL QUALIFICATION PARTICULARS:**

Exam Passed	Speciality in case of PG Degree / Diploma	Institution	Year of passing
S.S.L.C.			
H.S.C.			
MBBS			
Post Graduate / Degree / Diploma / Super Speciality / Ph.D.			
Others			

**12. DETAILS OF POST QUALIFICATION EXPERIENCE:**

S.No.	Name of Institution	Designation	Government / Private	From	To
01.					
02.					
03.					
04.					
05.					
06.					

**DECLARATION:**

1. I agree to abide by all the conditions specified in the Notification / Institution to the candidates.
2. I submit that all the above details are true to the best of my knowledge.

Place :

Date :

**Signature of Applicant****Note:**

- (i) The filled in application should be sent through RPAD / Speed Post only. Application received through any other mode such as Ordinary Post, Courier service and in person will be summarily rejected.
- (ii) The filled in application shall be addressed to "Member Secretary, Medical Services Recruitment Board, 7<sup>th</sup> Floor, DMS Building, 359, Anna Salai, Teynampet, Chennai-600 006" in a envelope super-scribed as "APPLICATION FOR THE POST OF DIRECTOR, TAMILNADU GOVERNMENT MULTI SUPER SPECIALITY HOSPITAL, CHENNAI".