APPLICATION FOR THE POST OF SENIOR MEDICAL OFFICER (SMO)

Advertisement No: _____

Post Applied For: _____

Affix Recent Passport Size Photograph Here

1. Personal Details (In Block Letters)

- Full Name: _____
- Father's / Husband's Name: _____
- Date of Birth (DD/MM/YYYY): _____ Age (as on cut-off date): _____
- Gender: [ ] Male [ ] Female [ ] Other
- Nationality: _____ Category: [ ] UR [ ] OBC [ ] SC [ ] ST [ ] EWS
- Aadhaar Card Number: _____

2. Contact Information

- Address for Correspondence: _____
  City: _____ State: _____ PIN Code: _____
- Mobile Number: _____
- Email ID: _____

3. Professional Registration Details

- Medical Council Registration No: _____
- Name of the Medical Council (State/MCI/NMC): _____

4. Academic Qualifications (Chronological Order)

Examination Passed	University / Board / Institute	Year of Passing	Total Marks / Percentage	No. of Attempts
Matriculation				
Intermediate				
MBBS				
MD / MS / DNB				
PG Diploma				

5. Essential Qualification Criteria Check

- Do you possess an MBBS degree from an NMC/MCI recognized institute?

[ ] Yes [ ] No

Name of College: _____

- Do you possess a Post Graduate Degree (MD/MS/DNB) or PG Diploma?

[ ] Yes [ ] No

Speciality Name: _____

- Post-Qualification Experience: Do you have the mandatory minimum years of experience after completing your medical degree as required by the advertisement?

[ ] Yes [ ] No

Total Essential Experience: _____ Years _____ Months

6. Desirable Qualification Criteria Check

- **A. National AIDS Control Programme (NACP) Experience:**

Have you served as a recognized trainer under the NACP framework? (Check all applicable)

[ ] Yes, Trainer for Medical Officers (MO)

[ ] Yes, Trainer for Counsellors

[ ] No

If Yes, attached the certificate details:

_____

- B. Administration / Program Management Experience:

Do you have administrative experience in managing a hospital unit, health center, or National Health Program?

[ ] Yes [ ] No

Details: _____

- C. Computer Proficiency:

Are you proficient in using MS Office, hospital management information systems (HMIS), or medical data software?

[ ] Yes [ ] No

7. Complete Work History (Starting from current)

Organisation / Hospital	Designation	From (Date)	To (Date)	Nature of Duties

8. Declaration

I hereby declare that all the statements made in this application are true, complete, and correct. I satisfy both the Essential and Desirable qualifications claimed above. If any information is found false or incorrect at any stage, my candidature/appointment is liable to be cancelled or terminated without any notice.

Place: _____ _____

Date: _____ **(Signature of the Candidate)**