

Affix recent
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photograph

Puducherry State Health Society

2nd Floor, Victor Simonel Street, Puducherry - 605 001.



Office use only
Code :
No. :

Application Form – Contract upto 31.03.2026

Post applied for

1. Name (in Capital letters) :

2. Father's / Husband's name :

3. Address for communication :

Email id:

4. (i) Date of Birth :

Day Month Year

(ii) Age as on 01.01.2024

Years Months Days

5. Sex (✓ appropriately) : Female Male

6. a. Community :

b. Nativity :

7. c. Residence

Marital Status (✓ appropriately): Married Single

8. Nationality :

9. Educational/Professional qualifications: (Enclose attested photo copies of certificates – Qualification & Mark sheets)

Qualification (Degree / Diploma)	Period of study		Marks % (all subjects)	Institution / University
	From	To		

10. Registration in Indian Medical Council
(Enclose attested photo copies of the certificate)

: State:
No.:

Date:

11. Experience : (Enclose attested photo copies of the certificates)

	Designation	Institution (Name & Place)	From			To			Duration (Yrs)	Salary (Rs.)
			day	mon	year	day	mon	year		
1										
2										
3										
4										

12. Employment Exchange Reg. No.:

13. Any other relevant information:

Checked by

Verified by

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found incorrect or suppressed, my candidature at any stage is liable to be cancelled. I further understand that in case I am appointed on the basis of false and untrue information furnished, my services are liable to be terminated forthwith without any notice.

Date:

Signature of the Candidate