



**रामागुण्डम फर्टिलाइजर्स एण्ड केमिकल्स लिमिटेड**  
**RAMAGUNDAM FERTILIZERS AND CHEMICALS LIMITED**

A Joint Venture Company of NFL, EIL and FCIL



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**Annexure-A**

**APPLICATION FOR ENGAGEMENT OF MEDICAL OFFICER AT RFCL, ON CONTRACTUAL BASIS**

**Advertisement. No:** RFCL-RDM/HR/ESTT./DOC-(2025-26)

**Dated:** \_\_.\_\_.2025

**(TO BE FILLED IN CAPITAL LETTERS ONLY)**

|                                    | POST APPLIED FOR               |                           |                                    | MEDICAL OFFICER                             |                                   | Paste your recent passport size coloured photograph duly signed across |  |
|------------------------------------|--------------------------------|---------------------------|------------------------------------|---|-----------------------------------|--|--|
| (1)                                | NAME IN FULL                   |                           |                                    |   |                                   |  |  |
| (2)                                | FATHER'S NAME / SPOUSE NAME    |                           |                                    |   |                                   |  |  |
| (3)                                | DATE OF BIRTH :                |                           |                                    | ...../...../.....                           |                                   |  |  |
| (4)                                | GENDER :                       |                           |                                    |   |                                   |  |  |
| (5)                                | MARITAL STATUS                 |                           |                                    |   |                                   |  |  |
| (6)                                | NATIONALITY                    |                           |                                    |   |                                   |  |  |
| (7)                                | MOBILE NO. :                   |                           |                                    |   |                                   |  |  |
| (8)                                | PAN NUMBER :                   |                           |                                    |   |                                   |  |  |
| (9)                                | AADHAR NUMBER :                |                           |                                    |   |                                   |  |  |
| (10)                               | EMAIL ID                       |                           |                                    |   |                                   |  |  |
| (11)                               | <b>CORRESPONDENCE ADDRESS:</b> | <b>PERMANENT ADDRESS:</b> |                                    |   |                                   |  |  |
|                                    |                                |                           |                                    |   |                                   |  |  |
|                                    | PIN                            |                           |                                    | PIN   |                                   |  |  |
|                                    | STATE                          |                           |                                    | STATE                                       |                                   |  |  |
| <b>EDUCATIONAL QUALIFICATIONS:</b> |                                |                           |                                    |   |                                   |  |  |
| (12)                               | <b>QUALIFICATION</b>           | <b>SUBJECTS</b>           | <b>NAME OF THE COLLEGE/ SCHOOL</b> | <b>NAME OF THE BOARD/COUNCIL/UNIVERSITY</b> | <b>YEAR OF PASSING</b>            |  |  |
| (A)                                | MATRIC                         |                           |                                    |   |                                   |  |  |
| (B)                                | +2 SCIENCE                     |                           |                                    |   |                                   |  |  |
| (C)                                | MBBS                           |                           |                                    |   |                                   |  |  |
| (D)                                | MD/MS (If applicable)          |                           |                                    |   |                                   |  |  |
| (14)                               | <b>EXPERIENCE:</b>             |                           |                                    |   |                                   |  |  |
|                                    | <b>NAME OF THE EMPLOYER</b>    | <b>FROM</b>               | <b>TO</b>                          | <b>TOTAL PERIOD (IN MONTHS)</b>             | <b>TOTAL EMOULMENTS (MONTHLY)</b> | <b>REASON FOR LEAVING</b>  |  |
| 1                                  |                                |                           |                                    |   |                                   |  |  |
| 2                                  |                                |                           |                                    |   |                                   |  |  |
| 3                                  |                                |                           |                                    |   |                                   |  |  |
| 4                                  |                                |                           |                                    |   |                                   |  |  |
| 5                                  |                                |                           |                                    |   |                                   |  |  |

(15) Medical Council Registration No.: .....Date.....

State: ..... Valid up to: .....

(16) Whether presently employed with any PSUs / Autonomous Body / Govt. Department? YES / NO

If Yes, Name & Address of the Present Employer.....

**DECLARATION:**

I do hereby declare that all the above information given by me is correct. I understand that false statement and/or suppression of any material fact in this application will be considered sufficient cause for rejection of my application / candidature without notice. I agree to abide by the terms and conditions as mentioned in the Adv. \_\_\_\_\_ dated:

.....

**Date:** .....

**Full Signature of the Candidate**

***NOTE: Applicants are required to submit all relevant certificates/documents in original, along with one set of self-attested copies of the same in support of the information given above at the time of walk-in Interview.***



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