



**W.U.S. HEALTH CENTRE
UNIVERSITY OF DELHI
DELHI-110007**

Ph: 27667908
27667725/1660

**APPLICATION FORM FOR THE ENGAGEMENT OF RETIRED DOCTOR AS
MEDICAL OFFICER (FULL-TIME) ON CONTRACTUAL BASIS**

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1. Name of Applicant : _____
2. Father's/Husband Name : _____
3. Date of Birth : _____
4. Age as on 1st Nov. 2025 : _____
5. Permanent Address : _____
6. Residential Address : _____
7. Mobile No. : _____
8. Email Id : _____
9. DMC Registration No. & Date : _____
10. Name of the Government Hospital : _____
(from which retired)
11. Date of Retirement : _____
12. PPO No. : _____
13. Academic Qualification :

S.No.	Qualification	Board/University	Year of Passing	Subjects	Percentage of Marks
1.	MBBS				
2.	MD/MS/DNB etc				

14. Experience :

S.No.	Hospital/Institution	Post	Duration of Work

Undertaking :

I solemnly declare that the above statement made by me are correct to the best of my knowledge and nothing has been concealed thereof. If any information given above is found false/incorrect my candidature/service shall liable to be rejected/cancelled.

Place :

Date :

(Signature of Retired Government Doctor)