



Application no. :OSMC_aaa_000011

Applied date : 18/12/2014

PERSONAL DETAILS :

1. Applicant Name : tushar
2. Father's Name : tt das
3. Date of Birth : 10/07/1984
4. Mobile No. : 7878945621
5. Email Address : tushar@gmail.com
6. Name of the Post : gfhhf
7. Permanent Resident of Odisha(Domicile/Permanent/Native) : YES
8. Gender : Male
9. Age as on : 30 Years 5 Months 1 Days
10. Category : General
11. Physically Challenged : Yes(0)
12. Present Contact Address : fdasfdsafds
13. Permanent Contact Address : fdasfdsafds
14. Whether passed Odia upto 7th/higher Standard : Yes
15. Regd. No :
16. Name of Board :

QUALIFICATION DETAILS :

Exam Passed	Name of Board/University	Year of Passing	Percentage/ Grade	Full Mark	Marks Secured	Percentage
H.S.C	fdsafdsa	2000	Percentage	444	333	75.00
C.H.S.E	dfsfdsaf	2004	Percentage	223	111	49.78
B.Pharm	fdsafdas	2009	Grade	456	443	100.00

EXPERIENCE DETAILS :

Name of the Employer	Post Held	From Date	To Date	Year	Month	Job Description
fdsa	fdsa	03/01/1999	18/12/2014	15	11	fdsafdsa

DECLARATION :

I do hereby declare that the information furnished above is true to best of my knowledge and belief and that, if at any stage,it is found that any of the above material information furnished is false/ incorrect/willfully suppressed, my candidature/appointment under Odisha State Medical Corporation is liable for rejection/termination/cancellation as well as legal action.I also undertake that I shall Produce all original certificates/documents in support of the above information at the time of interview/ certificate verification any time as required by OSMC.

Date

Place

Full Signature of the Applicant

