



Oil And Natural Gas Corporation Ltd.,  
Assam & Assam Arakan Basin & Jorhat Asset

**Application form for appointment of contractual doctors  
at ONGC, Jorhat**

**Personal Information**

Recent PP  
photo duly  
self attested

1. Name -
2. Father's Name -
3. Date of Birth- - dd/mm/yyyy
4. Present Address for communication-
  
5. Email for Google Meet -
6. Phone No. -
7. Whatsapp Mobile No. -
8. Category -
  - SC
  - ST
  - OBC
  - EWS
  - General
9. Whether Person from Disability (PWD)?
  - Yes
  - No
10. If yes, type of disability
  - OH-OA
  - OH-OL
  - I am not PWD
11. Whether working with any Government/PSU company or office?
  - Yes
  - No

12. Email Address -

13. Which Position(s) are you interested in?

- Contract Medic officer – Field Duty
- Contract Medic Officer- General Duty

14. Medical Council Registration No. –

15. Issuing Statutory Body-

16. Validity Up to- dd/mm/yyyy

### Qualification & Experience

17. MBBS (University, Passing Year, Percentage of Marks)

18. MD/MS (University, Branch, Passing Year, No. of attempts)

19. MCh/DM (University, Branch, Passing Year, No. of attempts)

20. Whether having training in Occupational Health/Public health or occupational medicine?

- Yes
- No

21. Details of training in Occupational Health/Public Health or Occupational medicine (Institute, Period)

22. Any Other Qualification (University, Branch, Passing Year, No. of attempts)

## DECLARATION

23. I hereby declare that the particulars furnished above are true & correct to best of my knowledge and belief. I also declare that I am fulfilling the requisite criteria of qualifications for Recruitment of Contract Medics in ONGC as per Advt. No. 2/2020 (R&P). I am medically fit as per the Medical Fitness Requirement Standard of ONGC and I have read and understood those standards. In case of information provided by me being found incorrect or false or I suppressed any relevant information, my candidature may be cancelled at any time.

I accept the declaration  I don't accept the declaration

### **Checklist of Documents**

- a. 10th Class Certificate
- b. MBBS mark sheets & certificate
- c. Post Graduation mark sheets & certificate, if applicable
- d. Medical Council Registration Certificate
- e. Identity Proof
- f. Caste / EWS / PWD certificate, if applicable
- g. NOC from employer , if applicable
- h. Experience certificate , if any
- i. Photograph in JPG
- j. Any other qualification
- k. Certificate in Occupational Health, if applicable

Date : \_\_\_\_\_

Full Name & Signature of Applicant