

Office of Civil Surgeon Cum Chief Medical officer, Ranchi
(Department of Health and Family Welfare)
Ayushman Bharat – Mukhyamantri Jan Arogya Yojna

(Candidate Evaluation Sheet)

POST APPLIED FOR: -

FULL NAME OF CANDIDATE: -

DATE OF BIRTH: - (AGE - YEARS)

FATHERS NAME: -

COMPLETE ADDRESS: -

MOBILE NO: -

EMAIL ID: -



COMPONENT I EDUCATION QUALIFICATION (MINIMUM QUALIFICATION)

SL.NO	NAME OF INSTITUTION	QUALIFICATION	DIVISION	REMARKS

HIGHER QUALIFICATION THAN MINIMUM REQUIREMENT (IF ANY)

SL.NO	NAME OF INSTITUTION	QUALIFICATION	DIVISION	REMARKS

COMPONENT II – WORK EXPERIENCE

Sl.No	Name of Organization	From	To	No of Years	Remarks

Place: -

Date:-

Signature of Candidate