



सेल SAIL

**STEEL AUTHORITY OF INDIA LIMITED  
RAW MATERIALS DIVISION**

**APPLICATION FOR THE POST OF MEDICAL OFFICER/ MEDICAL SPECIALIST AGAINST  
ADVERTISEMENT NO. RMD/K/PERS/F-13/2021/446 DATED 25.03.2021**

[TO BE FILLED IN CAPITAL LETTERS ONLY]

1. Post applied for : Medical Officer [Dental]/ [OHS]/ GDMO: \_\_\_\_\_  
: Medical Specialist [Discipline\_\_\_\_\_]

2. Name in full : \_\_\_\_\_

3. Father's Name : \_\_\_\_\_

Paste your recent  
passport size  
colour photograph  
duly signed across

4. Date of Birth & Age : 

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 DD 

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 MM 

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 YYYY 

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 Years

5. Sex (Male / Female) : \_\_\_\_\_

6. Present Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Mobile No.[s] : \_\_\_\_\_

9. E-Mail ID : \_\_\_\_\_

10. Marital Status : \_\_\_\_\_

11. Religion : \_\_\_\_\_

12. Nationality : \_\_\_\_\_

13. Caste/Category (SC/ST/OBC/EWS/UR/PWD/ESM): \_\_\_\_\_

14. If person with any disability, (a) Nature of Disability \_\_\_\_\_

(b) Degree of Disability \_\_\_\_\_

15. Educational Qualification [From Professional Qualification Onwards]:

Qualification	Name of the Board/Council/University	Year of Passing	Specialization	%age	Class/ Division
Matric					
10+2					
MBBS/ BDS					
MD/MS/DNB					
Other, If any [Please Specify]					

16. Work Experience [If Any]:

Organisation	Joining Date	Date of Separation	Designation [at the time of Separation]	Discipline

17. Date of Completion of Internship: \_\_\_\_\_

18. [a] Valid Registration Certificate of MCI/ DCI/ State Medical Council [please tick]: Yes / No

[b] Registration No.: \_\_\_\_\_

[c] Name of the Issuing Authority \_\_\_\_\_ State: \_\_\_\_\_

[d] Valid upto:

19. SBI Challan/ Transaction No. [Given by Bank] \_\_\_\_\_ Branch Code:  
[Only, If applicable]

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

20. Whether presently employed with any PSU/Autonomous Body/Govt. Dept.: Yes / No.

If yes, Name & Address of the Present Employer \_\_\_\_\_

**Declaration:**

I do hereby declare that I agree to abide by the terms and conditions given in the Advertisement [vide No. RMD/K/PERS/F-13/2021/446 Dated 25.03.2021] and all the information given by me in this application form and its enclosures are true and correct. I understand that false statement and/ or suppression of any material fact in this application, will be considered sufficient cause for withdrawal of my candidature/ appointment offer and dismissal without notice or if I am unable to produce/ submit relevant documents, my candidature may be cancelled at any stage of the selection process or thereafter.

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

[Signature of the Applicant]

**Note:**

- All applicants are required to attach self-attested photocopies of all relevant certificates/ documents and receipt of application fee along with the application form in support of the information given above.
- Application is liable to be rejected if it is not in prescribed format, incomplete, unsigned or received after the closing date, SAIL-RMD reserve the right to reject any application or cancel the candidature, without assigning any reason thereof.

**SBI BANK CHALLAN****Bank Copy**

SBI Challan  
 Challan for remittance of fee for  
 Raw Material Division Account No.  
**32469839252** A/C Name: Power Jyoti Account  
 at SBI Challan CAG Branch, Kolkata (Code )

**POST:**  
**[PLEASE TICK WHICHEVER IS APPLICABLE]**

MEDICAL OFFICER [DENTAL]	
MEDICAL OFFICER [OHS]	
MEDICAL OFFICER - GDMO	
MEDICAL SPECIALIST	

Date: [DD/MM/YYYY]

Name of the Applicant: 

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Date of Birth: [DD/MM/YYYY]

Date of Birth: 

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Fee Particulars 

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 ₹Application fee 

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 500.00Bank Charges 

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 71.00Total 

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 ₹ 571.00Amount in words: 

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 Rupees Five hundred

Seventy One Only

To be filled by 

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 BranchBranch Name 

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Branch Code 

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Journal No 

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Date of Deposit: 

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Signature of the Remitter 

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 Signature of the authorized official with Branch Seal

Branch should write the Branch Name, Branch Code, Journal No. &amp; Date of remittance invariably and handover both the Raw Material Division's copy and applicant's copy to the remitter duly signed

**Raw Material Division Copy**

SBI Challan  
 Challan for remittance of fee for  
 Raw Material Division Account No.  
**32469839252** A/C Name: Power Jyoti Account  
 at SBI Challan CAG Branch, Kolkata (Code )

**POST:**  
**[PLEASE TICK WHICHEVER IS APPLICABLE]**

MEDICAL OFFICER [DENTAL]	
MEDICAL OFFICER [OHS]	
MEDICAL OFFICER - GDMO	
MEDICAL SPECIALIST	

Date: [DD/MM/YYYY]

Name of the Applicant: 

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Date of Birth: [DD/MM/YYYY]

Date of Birth: 

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Fee Particulars 

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 ₹Application fee 

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Journal No 

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Date of Deposit: 

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Signature of the Remitter 

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 Signature of the authorized official with Branch Seal

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**Applicant's Copy**

SBI Challan  
 Challan for remittance of fee for  
 Raw Material Division Account No.  
**32469839252** A/C Name: Power Jyoti Account  
 at SBI Challan CAG Branch, Kolkata (Code )

**POST:**  
**[PLEASE TICK WHICHEVER IS APPLICABLE]**

MEDICAL OFFICER [DENTAL]	
MEDICAL OFFICER [OHS]	
MEDICAL OFFICER - GDMO	
MEDICAL SPECIALIST	

Date: [DD/MM/YYYY]

Name of the Applicant: 

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Date of Birth: [DD/MM/YYYY]

Date of Birth: 

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Fee Particulars 

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