

KASTURBA HEALTH SOCIETY'S  
MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES,  
PO. SEVAGRAM: WARDHA (MS)

Application Form for the post of **Medical Physicist cum RSO** in the  
Department of Radiotherapy.

1. Full name of the Applicant : \_\_\_\_\_

2. Date of Birth (DD/MM/YY) : \_\_\_\_\_

3. Age (YY/MM) : \_\_\_\_\_

4. Case Category : \_\_\_\_\_

5. Present Postal Address : \_\_\_\_\_

6. Permanent Postal Address with Pin Code : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Mob. No. (Mandatory) : \_\_\_\_\_

8. E-mail (Mandatory) : \_\_\_\_\_

9. RSO Certificate (Mandatory) : Yes/No \_\_\_\_\_

10. Educational Qualifications as per eligibility criteria:

<b>Qualification</b>	<b>University / Institute</b>	<b>Year of passing / completion</b>
Ph. D in Medical Physics		
M.Sc. in Medical Physics		
12 months of internship		
OR		
MSc in Physics		

Post PG Diploma in Radiological/Medical physics		
12 months of internship		

11. Experience (Starting to current employment):

Designation	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
<b>Total Experience</b>				

12. List of Enclosures:

Sr. No	Documents	Attached documents Please write Yes or No
1	Matriculation certificate as proof of DOB	
2	Ph.D in Medical Physics	
3	M.Sc. degree in Medical Physics	
4	MSc degree in Physics	
5	Post PG Diploma degree in Radiological/Medical physics	
6	12 months of internship completion certificate	
7	RSO Certificate	
8	Experience certificate	
9	Cast Certificate / Validity for reserved candidates only	
10	Any Other	

13. Declaration: I hereby declare that all the statements made by me in this application are true and correct to the best of my knowledge and belief. Nothing has been concealed and no part of it is false. If at any later stage, the information is found to be incorrect and the certificates(s)/ testimonial(s) /degree(s) or any other document determining my eligibility to hold the post, are found fake, then my candidature for the post is liable to be rejected and my services are liable to be terminated without any notice and I shall be liable for legal action as per KHS rules.

Place:

Date:

Signature of Applicant