

**APPLICATION FOR ENGAGEMENT OF PARAMEDICAL SPECIALIST
(PHYSIOTHERAPY) ON PART-TIME/VISIT BASIS AT IHC, KORAPUT DIVISION
(Advertisement No. KPT/VC-01/2026)**

1.	Name of the Post Applied	Paramedical Specialist (Physiotherapy)		Affix recent self-attested colour photograph here
2.	Full Name in Block Letters (As per 10th Pass Certificate)			
3.	Gender			
4.	Father's Name			
5.	Mother's Name			
6.	Date Of Birth (DD-MM-YYYY)		Age as on 05-03-2026:	
7.	Nationality			
8.	Religion			
9.	Tick (✓) The Category You Belong To	() SC () ST () OBC () EWS () GEN		
10.	Address for Communication with Contact No. & Email ID	Mobile No.:		
		Email ID:		
		Address for communication:		
11.	Permanent Address			
12.	Expected Consolidated Remuneration per Visit	Rs.		
13.	Details of Professional Qualification i.e. name of the Qualification, Year of Passing. (Enclose copy of relevant documents.)	a)		
		b)		
		c)		
14.	Details of Post Qualification Experience after acquiring specialization i.e. Name of the employer, Designation & period of employment. (Enclose copy of relevant documents)			

Declaration: I do hereby declare that, the above details furnished by me are true and complete to the best of my knowledge and belief. I also declare that my engagement as Visiting / Part-time Paramedical Specialist at HAL does not, in any way, violate the terms and conditions of my current employment. In the event of the said information being found false / incorrect / incomplete, my Candidature / Engagement may be terminated without any notice. The decision of HAL will be final under such circumstance and I shall abide by the same.

PLACE :
DATE :

SIGNATURE OF THE CANDIDATE