



Vivekananda Kendra Medical & Research Foundation

Admin. Office: Breezy Meadows, Riverside, Dibrugarh, Assam - 786 001

☎ 03776-266700, 266432; Mobile: 7636980689; email: vkmrif@vkendra.org

APPLICATION FORM

Date: _____

POST APPLIED FOR – _____

A) PERSONAL DETAILS:

S. NO.	PARTICULARS	
1	NAME	
2	FATHER'S NAME	
3	PERMANENT ADDRESS	
	PRESENT POSTAL ADDRESS	
4	PHONE NO.	
5	EMAIL ID.	
6	a) DATE OF BIRTH	
	b) AGE IN YEARS AS ON 01.06.2026	
7	GENDER	
8	NATIONALITY	
9	RELIGION	
10	CASTE	
11	MARITAL STATUS	
12	HOBBIES	
13	LANGUAGES KNOWN	
14	EMPLOYMENT EXCHANGE REGISTRATION NO. (If Regst.)	

B) EDUCATIONAL QUALIFICATION FOR DOCTOR

(SELF ATTESTED SCAN COPIES OF DOCUMENTS TO BE ATTACHED)

S. NO.	QUALIFICATION	YEAR OF PASSING	DIVISION	ATTEMPT	(%)
1	HSLC / 10 th				
2	HSSLC / 12 th				
3	MBBS				
4	Post Graduate Degree / Diploma				



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C) ADDITIONAL QUALIFICATION (If any):

(SELF ATTESTED SCAN COPIES OF DOCUMENTS TO BE ATTACHED)

S. NO.	QUALIFICATION	YEAR OF PASSING	DIVISION	(%)	BOARD / UNIVERSITY
1					
2					

D) WORKING EXPERIENCE: (May add rows if required)

(SELF ATTESTED SCAN COPIES OF DOCUMENTS TO BE ATTACHED)

NAME & ADDRESS OF THE ORGANISATION	POSITION /WORK DESCRIPTION	PERIOD / TENURE		SALARY DRAWN (P.M./P.A.)	REASON FOR LEAVING
		FROM	TO		

(NO OBJECTION CERTIFICATE from employer to be attached if presently employed)

E) ADDITIONAL INFORMATION ABOUT YOURSELF (If any which you may feel to share)

(Please note that space can be adjusted in the form as per requirement).

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