

National Centre for Antarctic & Ocean Research

(Ministry of Earth Sciences, Government of India) Headland Sada, Vasco-da-Gama, Goa 403 804

Application for the post of Medical Officer XXXVI Indian Scientific Expedition to Antarctica (Season 2016-17)



Reg	gistration No.	NCAOR/ 36ISEA/				
Date of Walk-In- Interview		05th August 16				
		Surgeon/Physician (for around 14 months)				
Position Applied for Medical Officer (Tick mark the appropriate box)					Affix Recent Passport Size Photograph with White Background	
Experience of Antarctic Expedition(s) (if any)						
1.	Name in full (in block letters)					
2.	Father's Name					
3.	(a) Date of Birth (Attested copy of proof of a	ge to be attached)	Date	N	Month	Year
4.	Nationality					
5.	Permanent Address inclu	uding Pin Code				
6.	Address for correspondence including Pin Code					
7.	Telephone Number (with	STD Code)	Cell phone N	Nun	nber	
8.	Email address (CAPITAL	LETERS)				
9.	Nearest Railway station					

10. Educational Qualification (in chronological order from 10th Standard onwards)

Courses Passed	University/ Institution/ Board	Year of Passing	Subject taken	Result with Division/Class

11. Professional Training underwent:

Organization	Period		Datalla of Training	
Organisation	From	То	Details of Training	

12 Work Experience in chronological order, starting with the first job:-

Name and address of	Designation of post held &	Per	iod	Total Experience	
employer/ institution				Year	Month
	Nature of Work	From	То		

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DETAILS OF ENCLOSURES

1) Proof of Age	
2) Educational Qualificati	on
3) Professional Training (Certificates
4) Work Experience	
5) ID Card and Discharge	e Book (In case of Ex servicemen)
	Declaration
I (Name)	hereby declare that,
 iii. All the statement macorrect to the best of found false or incorreduring the period of appointment shall autoiv. I further declare that I technical qualification application. v. I understand and amcontractual appointment 	ions given in the Advertisement de and information given by me in this application are true complete and my knowledge and belief. In the event of any information or part of it being of or suppressed before or after the test /interview / medical examination of contract, action can be taken against me by NCAOR and my candidature, or
Place: Date:	Signature of the Candidate
	(For use of the forwarding office)
	(1 or use of the forwarding office)
Date Place	Signature Name of the forwarding officer Designation Office Stamp (seal)

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