

**National Board Of Examinations**  
**Application for the post of Assistant Director (Medical)**

- Please fill up the application in Own Handwriting in CAPITAL letters except signature.
- All application must be submitted in A4 size 80GSM paper.
- The duly completed application form along with Demand Draft, *two Photograph* and self attested copies of supporting testimonials/documents in a single envelope superscribing – “Application for the post of (name of the post) should reach to “*The Assistant Director (Admn.), National Board Of Examinations, Medical Enclave, Mahatma Gandhi Marg (Ring-Road), Ansari Nagar, New Delhi – 110029*”.

Post Applied For	Assistant Director (Medical)				<b>Two self attested</b> Photograph, one Should be pasted here and another to be attached with the application		
<b>Personal Details: –</b>							
Name of the applicant					----- Signature of the Applicant		
Date of Birth (dd/mm/yy)							
Father / Husband Name							
Mother’s Name							
Gender		Category (UR/SC/ST/OBC//PH)			----- Signature of the Applicant		
Age as on last date of submission		Nationality					
Correspondence Address	Address Line 1						
	Address Line 2						
	Address Line 3						
	City/District			State		Pin	
Mobile Number			Phone Number				
E-mail ID: –							
Permanent Address	Address Line 1						
	Address Line 2						
	Address Line 3						
	City/District			State		Pin	
If Physically Challenged (PWD)	Type of Disability			Percentage of Disability (>40%)			
Current Status	Govt. Emp.	Yes	No	Ex-Serviceman	Yes	No	

**Demand Draft Details: – (In favour of “National Board of Examinations” payable at “New Delhi”)**

Bank Name				Branch Name			
DD No.		DD Date		Amount(₹)			

**Qualification Details: –**

Exam Passed	Name of the Course/Degree	University/Board	Year of Passing	% of marks	Subject
10 <sup>th</sup> Pass/Equivalent					
12 <sup>th</sup> Pass/Equivalent					
Graduation/Equivalent					
Post Graduation					
Professional Qualification					

Working knowledge of computer (MS Office)	
Detail of other computer skill (If any)	

**Experience Details (Start from present Employment details): –**

Name & Address of the Employer	Designation	Period of Service From – To	Nature of Duties Performed	Reason for Leaving	Length of Service (YY/MM)
1)					
2)					
3)					
4)					
<b>Total Experience (Year/Month)</b>					

Languages Known	Read	Write	Speak
Hindi			
English			
Others			

**Declaration: –**

I hereby declare that all statements made in this application form are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the advertisement, my candidature / appointment is liable to be cancelled / terminated.

Jurisdiction for disputes is before competent courts at New Delhi.

**Place:**

**Date:**

**Signature of Applicant**  
(To be signed before dispatch)