

INDIAN INSTITUTE OF MANAGEMENT MUMBAI
Application Form for the Post of Medical Officer (On Contract Basis)
Advertisement No.: Admn/Rectt/2025/25

1. Personal Details

Full Name (in block letters)	
Father's / Husband's Name	
Date of Birth (DD/MM/YYYY)	
Age (as on closing date)	
Gender	
Marital Status	
Nationality	

2. Contact Details

Permanent Address	
Correspondence Address	
Mobile Number	
Email ID	

3. Educational Qualifications

Examination	Board / University	Year of Passing	% Marks / Grade	Subjects
MBBS				
MD/PG Diploma (if any)				
Others (if any)				

4. Registration Details

Medical Council Registration No.	
Issuing Authority	
Valid up to (Date)	

5. Employment Details (Post-qualification Experience)

Name of Hospital/Institute	Position Held	Period (From-To)	Nature of Duties

Total Experience: _____ Years _____ Months

6. Additional Information

Experience in Residential/Educational Campus Environment	
Familiarity with Government Medical Reimbursement Rules	
Any Other Relevant Experience/Training	

7. References

Name	Designation	Contact No. / Email

8. Documents Enclosed (Self-attested photocopies)

Document	Enclosed (Yes/No)
Date of Birth Proof	
MBBS Degree Certificate	
PG/MD Diploma Certificate (if applicable)	
Registration Certificate (MCI/State)	
Experience Certificates	
Caste/Category Certificate (if applicable)	
Any Other Relevant Documents	

9. Declaration

I hereby declare that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief. I understand that in case of any false or misleading information, my candidature is liable to be cancelled.

Place: _____

Date: _____

(Signature of Candidate)