

**Application for the post of \_\_\_\_\_ purely on contractual basis in the  
Kolkata Police Hospital under Kolkata Police.**

To  
The Member Secretary  
Kolkata Police Recruitment Board  
112, Ripon Street, Kolkata-700 016.

*Space for pasting  
Self attested  
recent passport  
size Photograph  
(3.5cm x 3.5cm)*

	First Name	Middle Name	Surname
1. Name in full	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Shri/Late	First Name	Middle Name	Surname
2. Father's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Address Vill/Street :-	<input type="text"/>
P.O.:-	<input type="text"/>
P.S.:-	<input type="text"/>
Dist.:-	<input type="text"/>
State :-	<input type="text"/>
Pin :-	<input type="text"/>
District Code :-	<input type="text"/>

	Date	Month	Year
4. Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Age as on 01.01.2015

6. Sex

7. Religion

8. Whether SC/ST/OBC

9. Educational Qualification	Sl No.	Examination Passed	Year	Board/ University	Division/ Class

10. Experience, if any :

I do hereby declare that the above particulars are true to the best of my knowledge and belief.

Date :-  
Place :-

\_\_\_\_\_  
(Signature of the applicant)

**Note :**

1. Application form must be filled up in Block Capital Letters.
2. Information against item No. 4, 8 (if SC/ST/OBC), 9 & 10 above must be furnished with attested copies of supporting documents.
3. Application must be submitted before the Interview Board.
4. 02(two) copies of recent passport size coloured photograph must accompany the application.

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**FOR OFFICIAL USE ONLY**  
(To be filled up by the Applicant)

		<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>	
1.	Name in full	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<b>Shri/Late</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>
2.	Father's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Address Vill/Street :-	<input type="text"/>			
	P.O. :-				
	P.S. :-				
	Dist. :-				
	State :-				
	Pin :-				
	District Code :-	<input type="text"/>	<input type="text"/>		
		<b>Date</b>	<b>Month</b>	<b>Year</b>	
4.	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5.	Age as on 01.01.2015	<input type="text"/>			
6.	Sex	<input type="text"/>			

Signature of the applicant:- \_\_\_\_\_