

**Kasturba Health Society's**  
**Mahatma Gandhi Institute of Medical Sciences, Sewagram,**  
**Dist. Wardha, Maharashtra 442102**

**Application Form for the post of Medical Physicist cum RSO  
in the Department of Radiotherapy**

(To be filled in by the candidate in his/her own handwriting in CAPITAL LETTERS)

1. Full Name of the Applicant : \_\_\_\_\_
  
2. Date of Birth (DD/MM/YY) : \_\_\_\_\_
  
3. Age (YY/MM) : \_\_\_\_\_
  
4. Present Postal Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  
5. Permanent Postal Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  
6. Mobile No. (Mandatory) : \_\_\_\_\_
  
7. E-Mail (Mandatory) : \_\_\_\_\_
  
8. RSO Certificate (Mandatory) : Yes / No

9. Educational Qualification as per Eligibility Criteria :

Qualification	University / Institute	Year of Passing / Completion
M.Sc. in Medical Physics		
12 Months of Internship		
<b>OR</b>		
MSc in Physics		
Post PG Diploma in radiological/Medical physics		
12 Months of Internship		

10. Experience (Starting from Current Employment) :

Designation	Name of Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience (YY/MM)
			<b>Total Experience</b>	

11. List of Enclosures :

Documents	Attached Documents Please Write Yes / No.
i. Matriculation Certificate as Proof of DOB	
ii. M.Sc. Degree in Medical Physics	
iii. MSc Degree in Physics	
iv. Post PG Diploma Degree in Radiological/Medical Physics	
v. 12 months of Internship Completion Certificate	
vi. RSO Certificate	
vii. Experience certificate	
viii. Cast Certificate / Validity for reserved candidates only	
ix. Any Other	

12. Declaration: I hereby declare that all the statements made by me in this application are true and correct to the best of my knowledge and belief. Nothing has been concealed and no part of it is false. If at any later stage, the information is found to be incorrect and the certificates(s)/ testimonial(s) /degree(s) or any other document determining my eligibility to hold the post, are found fake, then my candidature for the post is liable to be rejected and my services are liable to be terminated without any notice and I shall be liable for legal action as per KHS rules.

Date :

Place :

**Signature of Applicant**

