



IndianOil

INDIAN OIL CORPORATION LIMITED

(A Government of India Undertaking)

Application Form

Advertisement No: RD-2020

Application Date:

Application for recruitment to the post of Medical Officer

:: Personal Information Details ::

Applied for (1) North-east Refineries
 (2) Other than North-east Refineries
 (3) Any Refinery

Candidate's Name		Affix your recent coloured passport size photo	
Father's / Husband's Name			
Date of Birth	DD/MM/YYYY		
Age as on 31.12.2019 Years Months.....Days		
Gender	Male / Female / Others		
Marital Status	Single / Married		

State of Domicile	Name of State	Whether Domiciled in J&K	Yes / No
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Religion Hindu / Muslim / Sikh / Christian / Parsi / Jain / Others

Nationality

Are you presently engaged with IOCL ? Yes/No
 If Yes, name of the Refinery location.....

e-mail ID		Alternate e-mail ID	
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Mobile No.		Alternate Mobile No.	
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Permanent Address	Correspondence Address

Nearest Railway Station

:: In Case of SC / ST / OBC /EWS ::

Category SC / ST / OBC /EWS

Name of Sub-caste/ Community

Date of Issuance of Caste / Income & Assets Certificate DD/MM/YYYY

Certificate Issuing Authority

:: In Case of PwBD (Person with Benchmarked Disability) ::

Whether belongs to PwBD category Yes / No

If yes, category of Benchmarked Disability		% / as defined	
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:: In Case of Ex-Servicemen ::

Whether an Ex-Servicemen Yes / No

Do you have 6 months service in Armed Force ? Yes/No

Ex-servicemen service years

I have been released from service after completing the specific period of engagement, otherwise than my own request or by way of dismissal or discharge on account of misconduct or inefficiency and has been given gratuity.

:: Information About Post applied for & Qualification ::

Qualification	Name of the School/College /University	Name of Degree	Specialization	Year of admission (YYYY)	Year of Passing (YYYY)	Course recognised by
10 th						
12 th						
UG Degree						
PG Degree						

:: Experience Details (only post-qualification)::

Sr No.	Organisation Name	Designation / Position held	Duration (DD/MM/YYYY)		Experience Period			Nature of Work
			(From)	(To)	Years	Month	Days	
Total relevant Experience as on 31.12.2019			... Years ... Months					

I hereby declare that I have not been dismissed/discharged /terminated during my previous employment.

I hereby declare that all the statements made in the application are correct to the best of my knowledge and belief. I understand that in the event of any information being found incorrect/ false or I do not satisfy the eligibility criteria, my candidature will be cancelled / terminated, without assigning any reasons thereof at any stage of the selection process. I have read all the contents of the advertisement and agree to abide by the rules, regulations and procedure for recruitment to the post applied for.

I have read the 'Guidelines and criteria for physical fitness for pre-employment medical examination' placed in IOCL website.

(Candidate's Signature)

CANDIDATE TO PLEASE NOTE:

- You are advised to keep a photocopy of this Application form for your record and future reference.
- Please paste latest good quality recent coloured passport size photograph at the place provided. You are advised to retain an identical photograph for future use.
- Please send this original application form along with attested copies of all supporting documents mentioned in the checklist through **Ordinary post** latest by **31.01.2020** to the following address:
THE ADVERTISER
POST BOX NO.: 3096, HEAD POST OFFICE, LODHI ROAD
NEW DELHI- 110003
- Please keep checking you email for latest information and keep visiting our website www.iocl.com for further updates.
- For any query you may write to recruitmentMO2019@indianoil.in

CHECKLIST OF DOCUMENTS ATTACHED (All documents to be self-attested)

(tick mark the documents attached)

Proof of Date of Birth (Certificate issued by a Board of Secondary Education for passing matriculation/ Higher Secondary mentioning the date of birth)	Tick (✓)
Photo identity proof (Driving Licence / Voter ID / PAN Card/ Aadhaar Card/Passport)	
Essential Qualification (copies of all marksheets(all semesters) & degree certificate)	
(Medical Officer)	
MD/MS/Diploma	
MBBS	
Internship Completion Certificate	
Registration Certificate from State Medical Council/ Medical Council of India	

	Qualification equivalence Certificate, if applicable	
Copies of all marksheets/pass certificates/degree issued by the respective Board/University alongwith Matriculation and Higher Secondary		
Proof of Experience (Experience Certificate)		
Caste Certificate (SC/ST/OBC certificate in prescribed format available in our website)		
Ex-Servicemen (Service Certificate)		
Certificate of Benchmarked Disability (in prescribed format available in our website)		
Income & Assets certificate (in prescribed format available in our website)		
No Objection Certificate (NOC) from employer, in case employed with Govt./Semi-Govt./PSUs/ Autonomous bodies		