

 IndianOil	INDIAN OIL CORPORATION LIMITED (A Government of India Undertaking) APPLICATION FORM	Advertisement No: RD/MO-2022
		Application Date:
		Application ID (to be left blank):

**Application for recruitment to the post of
Additional Chief Medical Officer in Grade D**

Instructions to Candidates for filling of Application form:

- Please fill up detailed using Blue/ Black ball point pen and clear legible writing.
- Apply only against one specialisation and under either of the qualification category i.e. under MD/MS/ PG Diploma in relevant specialisation or under MBBS.
- Please indicate (√) tick mark on appropriate box, wherever applicable.
- Mention preference order in numericals (1,2,3 etc) against Posting Location, wherever sought.
- Mention Personal Details in CAPITAL LETTERS.
- Any form of cutting/overwriting or correction using white fluid shall make the application form liable for Rejection.

Applying with qualification as
 (Please (√) tick mark on one box only, as applicable)

MD/ MS / PG DIPLOMA

MBBS

:: Specialisation & Location Preference ::

For CANDIDATES APPLYING WITH MD/ MS / PG DIPLOMA QUALIFICATION

- 1 Select your Specialisation by (√) tick mark on appropriate box.
2. Indicate order of preference in the boxes against each of the locations available under your specialisation and no box should be left blank. (Refer Clause K.9 of Advt. No. RD/MO-2022)

Specialisation	General Surgery <input type="checkbox"/>	General Physician <input type="checkbox"/>	Radiology <input type="checkbox"/>
Posting location	Indicate order of preference of your initial posting location from 1 (for 1 st preference) to 3 (for last preference). Guwahati <input type="checkbox"/> Barauni <input type="checkbox"/> Digboi <input type="checkbox"/>	Indicate order of preference of your initial posting location from 1 (for 1 st preference) to 4 (for last preference). Mathura <input type="checkbox"/> Paradip <input type="checkbox"/> PRPC, Panipat <input type="checkbox"/> Ref. Hqrs, New Delhi <input type="checkbox"/>	Since position is at one location Digboi, no preference required

FOR CANDIDATES APPLYING WITH MBBS QUALIFICATION :

1. Indicate order of preference in the boxes against each of the locations available and no box should be left blank. (Refer Clause K.9 of Advt. No. RD/MO-2022)
2. Indicate order of preference of your initial posting location from 1 (for 1st preference) to 7 (for last preference).

Guwahati Barauni Mathura PRPC, Panipat Digboi Paradip Ref. Hqrs
 New Delhi

:: Personal Information Details ::

Candidate's Name (In capital letters)		Affix your latest coloured passport size photograph																
Father's / Husband's Name																		
Date of Birth	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>										D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
Age as on 31.05.2022	_____ Years _____ Months _____ Days																	

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Others <input type="checkbox"/>
State of Domicile	Whether Domiciled in Jammu & Kashmir between period 01.01.1980 to 31.12.1989		Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/> Christian <input type="checkbox"/>
	Parsi <input type="checkbox"/>	Jain <input type="checkbox"/>	Buddhist <input type="checkbox"/> Others <input type="checkbox"/>
Nationality			
Are you presently engaged with IOCL ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, name of the unit/location <input type="text"/>	
e-mail ID	Alternate e-mail ID		
Mobile No.	Alternate Mobile No.		
Permanent Address		Correspondence Address	
Nearest Railway Station			
:: Category Details ::			
Category	General <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/> OBC(NCL) <input type="checkbox"/> EWS <input type="checkbox"/>
Name of Sub-caste/ Community, if applicable			
Date of Issuance of Caste / Income & Assets Certificate, if applicable			
Certificate Issuing Authority, if applicable			
:: In Case of PwBD (Person with Benchmark Disability) ::			
Whether belongs to PwBD category	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, category of Benchmark Disability			% as defined <input type="text"/>
:: In Case of Ex-Servicemen ::			
Whether an Ex-Servicemen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have 6 months service in Armed Force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Ex-servicemen service years	Joined on <input type="text"/>	Discharge Date <input type="text"/>	
	Service period : _____ Years _____ Months		
Please select the relevant option by (v) tick mark on appropriate box.			
<input type="checkbox"/>	I have retired or relieved or discharged from defence service at my own request or been relieved by the employer from defence services after earning my pension.		
<input type="checkbox"/>	I have been relieved from defence services on medical grounds attributable to military service or circumstances beyond my control and awarded medical or other disability pension.		
<input type="checkbox"/>	I have been released from defence service as a result of reduction in establishment.		

	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.
	I am a Territorial Army Personnel and pension holder for continuous embodied service or broken spells of qualifying service.
	I am a personnel of Army Postal Service, a part of Regular Army and retired from the Army Postal Service without reversion to my parent service with a pension, or released from the Army Postal Service on medical grounds attributable to or aggravated by military service or circumstances beyond my control and awarded medical or other disability pension.
	I was on deputation in Army Postal Service for more than six months prior to 14th April, 1987.
	I am a Gallantry award winner of the Armed Forces including personnel of Territorial Army.
	I am an ex-recruit boarded out or relieved on medical grounds and granted medical disability pension.
	I am a commissioned officer (including Emergency Commission Officers of Short Service Commissioned Officers).

:: Qualification Details ::

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						
PG Diploma						
Addl. Qualification, if any						

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

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

Total relevant Work Experience as on 31.05.2022 Years Months
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:: Application Fees Payment Details thru SBI e-Collect ::

Whether Fees exempted	Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If No, payment details (also attach Payment Confirmation Slip)				
	Transaction/ Bank Reference No.		Payment Bank		Payment Date

:: Declaration ::

- I hereby declare that all statements made in this application 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 at any stage or not satisfying the eligibility criteria according to the requirements of the post, my candidature/appointment is liable to be cancelled/terminated.
- I have never been found UNFIT for a position during medical examination by any other location/ Refinery unit of the Corporation or a Government Authority or any other PSU while seeking appointment in regular post in the past.
- I have never been diagnosed with ailments, deficiencies or abnormalities in the past, that do not meet the physical fitness criteria in the terms of IOCL Pre-Employment Medical Fitness guidelines.
- I have never been arrested, prosecuted, kept under detention or fines, convicted by the Court of Law for any offence debarred/disqualified by any Public Service Commission from appearing in its examination.
- I undertake that my shortlisting for the subsequent stages is subject to me being found eligible on the basis of the details furnished in Application Form, meeting the notified eligibility criteria and the documents being found in order upon scrutiny.
- 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 at following address: <https://www.iocl.com>.
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(Candidate's Signature)

CANDIDATE TO PLEASE NOTE:

1. Keep a photocopy of this Application form for your record and future reference.
2. Paste latest good quality latest coloured passport size photograph at the place provided. Retain an identical photograph for future use.
3. Send this original application form along with attested copies of all supporting documents mentioned in the checklist through **ORDINARY POST** so as to reach the following address by **16.06.2022**:
THE ADVERTISER
POST BOX NO.: 3096,
HEAD POST OFFICE, LODHI ROAD
NEW DELHI- 110003
4. Keep checking you email for latest information and keep visiting our website www.iocl.com for further updates.
5. For any query you may write to ioclrect2022@gmail.com.

CHECKLIST OF DOCUMENTS ATTACHED (All documents to be self-attested)		Tick (✓)
<i>(Please tick mark (✓) the documents attached)</i>		
Proof of Date of Birth	Certificate issued by a Board of Secondary Education for passing matriculation/ Higher Secondary mentioning the date of birth	
Photo identity proof	Driving Licence / Voter ID / PAN Card/ Aadhaar Card/Passport	

Essential Qualification (Copies of all Marksheets (all semesters) & Pass/Degree Certificate)	Class X (Matriculation)	
	Class XII (Intermediate)	
	MBBS	
	Internship Completion Certificate	
	Post Graduation Diploma of relevant discipline	
	MD/MS of relevant discipline	
	Qualification Equivalence Certificate from the Competent Authority, if acquired from foreign Institutes/Universities	
Valid Registration Certificate from State Medical Council/ Medical Council of India		
Proof of Work Experience	Work Experience Certificate or Copy of Offer Letter, Joining Letter, Payslips, Increment Letter, relieving letter etc. proving the continuance of experience for the period being claimed. The documents submitted in support of Work Experience must clearly establish the nature and period of experience being claimed against the post.	
Caste Certificate (applicable for SC/ST/OBC(NCL))	SC/ST/OBC(NCL), OBC-Declaration certificate <i>in prescribed format available in www.iocl.com & issued by the Competent Authority</i>	
Income & Assets certificate / Declaration for Economically Weaker Sections candidates (applicable for EWS) (in prescribed format available in www.iocl.com & issued by the Competent Authority)		
Certificate of Benchmarked Disability (applicable for PwBD) (in prescribed format available in www.iocl.com & issued by the Competent Authority)		
Applicable for Ex-Servicemen	Service Certificate	
	Undertaking to be given by candidates applying for Civil posts under Ex-servicemen category	
	Discharge Certificate	
	Duly completed Proforma of Certificate for employed Officials	
	Qualification Equivalence Certificate	
Payment Confirmation Slip received from SBI-e-Collect after successful payment of Application Fees (not applicable to exempted candidates i.e. SC/ST/PwBD/ExSM candidates).		
Additional Recent colour Photograph of Candidate (same as affixed) with name mentioned on the backside		