

## Civil Surgeon Office Rewari

Receipt No.....

General Category Rs.200/-

Sr.No..... Application Form

Post Name.....

PHOTO

1. Name of the Candidate .....

2. Name of Father's/Husband .....

3. Date of Birth ..... Age .....

4. Educational Qualification:

Educational Qualification	Board/University.	Year of Passing	Marks Obtained	Total Marks	% age

5. Address .....

.....Tel./Mob. No.....

6. Category .....

7. Technical Education .....

8. Diploma Recognized Haryana Govt.(Please Mention Yes / No ).....

9. Experience .....

.....

**Note: All Documents Photocopies duly signed by attached & Receipt yellow colour fees attached.**

Date:

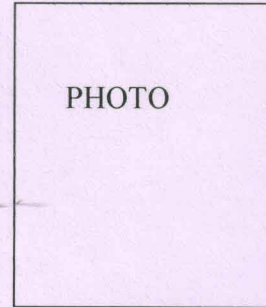
Candidate Signature

## Civil Surgeon Office Rewari

**Receipt No..... SC/BC/EWS/ESM Category Rs.100/-**  
**Sr.No..... Application Form**

Post Name :.....

Name of the Candidate .....



1. Name of Father's/Husband .....

2. Date of Birth ..... Age .....

3. Educational Qualification:

Educational Qualification	Board/University.	Year of Passing	Marks Obtained	Total Marks	% age

4. Address .....

.....Tel./Mob. No.....

5. Category .....

6. Technical Education .....

7. Diploma Recognized Haryana Govt.(Please Mention Yes / No ).....

8. Experience .....

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**Note: All Documents Photocopies duly signed by attached & Receipt yellow colour fees attached.**

**Date:**

**Candidate Signature**