



GAIL (India) Limited
(A Government of India Undertaking - A Maharatna Company)

Advertisement No: GAIL/GDR/OPEN/HR/MED/2025

APPLICATION FORM

I. POSITION DETAILS:

1. TITLE	FACTORY MEDICAL OFFICER
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II. PERSONAL DETAILS:

1. NAME OF CANDIDATE (S/ SHRI)	
2. FATHER'S NAME	
3. DATE OF BIRTH	
4. NATIONALITY	
5. RELIGION	
6. SEX	
7. MARITAL STATUS	

III. CONTACT DETAILS:

1. COMPLETE MAILING/ POSTAL ADDRESS (INCLUDING DISTRICT, STATE AND PIN CODE)	
2. COMPLETE PERMANENT ADDRESS (INCLUDING DISTRICT, STATE AND PIN CODE)	
3. MOBILE NO.	
4. TELEPHONE NO.	
5. E-MAIL ID	

IV. QUALIFICATION(S):

SL. NO.	EXAMINATION/ DEGREE PASSED	COLLEGE/ INSTITUTION/ UNIVERSITY	YEAR OF PASSING	MODE (FULL TIME/ PART TIME ETC)	%AGE OF MARKS OBTAINED



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V. DETAILS OF REGISTRATION WITH MCI

SL. NO.	EXAMINATION/ DEGREE PASSED	REGISTRATION NO.	DATE OF REGISTRATION	REGISTRATION WITH (MCI)	VALIDITY UPTO, IF ANY

VI. POST QUALIFICATION EXPERIENCE, IF ANY:

SL. NO.	NAME OF ORGANIZATION	POST HELD	PERIOD		LAST PAY DRAWN	NATURE OF DUTIES PERFORMED
			Form	To		

VII. PROVIDE A BRIEF WRITE-UP ON WHY YOU CONSIDER YOURSELF SUITABLE FOR THE POST CITING YOUR MAJOR ACHIEVEMENTS:

VIII. DECLARATION

I declare that all information given in this application form are true to the best of my knowledge and belief. If any of the information is found incorrect or distorted at any stage, I shall have no objection to cancellation of my candidature.

Place:

Signature:

Date:

Name: