



भारतीय सूचना प्रौद्योगिकी संस्थान, नागपुर

Indian Institute of Information Technology, Nagpur
"An Institution of National Importance by an Act of Parliament"

Survey No. 140,141/1 Behind Br. Sheshrao Wankhade Shetkari Soot Girni, Village: Waranga,
Po: Dongargaon (Butibori), District : Nagpur (Maharashtra) -441108

Website: www.iiitn.ac.in Email: director@iiitn.ac.in, registrar@iiitn.ac.in Phone: 9405215010

APPLICATION FOR THE POST OF VISITING MEDICAL OFFICER

(Ref: - Advt. No.: IITN/ADMIN/2025-26/MO/001 Date: 20/02/2026)

1.	Name of the Applicant (In Block Letters)					PHOTO
2.	Father's / Husband's Name					
3.	Date of Birth (dd/mm/yyyy)	Gender Male/Female	Age in Years as on Last Date of Application	Marital Status Married / Unmarried	Nationality	
4.	Category	SC / ST / OBC / PWD / EWS / UR				
5.	Address for Correspondence	Pin Code:				
	Tel. Nos. / Fax Nos.	Mobile:				
	Email					
6.	Permanent Address	Pin Code:				
7.	Qualification	Discipline	Name of the Institute and University	Year of Passing	% of Marks / CGPA	Class / Division
	10 th					
	12 th or Diploma					
	Graduation (Please specify UG Degree)					
	Post Graduation (Please specify PG Degree)					
	Others, if any					
8.	Work Experience Details		Total Work Experience (in years):			
	Institute / Organization	Designation / Post Held	From	To	Nature of Work	Total Salary (Per month) in Rs.



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9.	Description of Work Experience (Give chronological detailed description of the work performed by you in relation to the previous experience and related knowledge)	
10.	Any other Relevant Information and Skills which have not been included under the heads given above.	
DECLARATION		
I hereby, solemnly declare that the information furnished in this application are true and correct to the best of my knowledge and belief. If at any time I am found to have concealed/ suppressed any material/ information or have given any false details, my candidature/appointment shall be liable to be summarily cancelled/ terminated without any notice or compensation.		
Place:		Signature of the Applicant
Date:		