तमिलनाडु केन्द्रीय विश्वविद्यालय

(संसद द्वारा पारित अधिनियम 2009 के अंतर्गत स्थापित)

CENTRAL UNIVERSITY OF TAMIL NADU

(Established by an Act of Parliament, 2009)

नीलक्कुड़ी परिसर/Neelakudi Campus,तिरुवारूर/Thiruvarur- 610 005

Email: recruitment@cutn.ac.in / Tel: 04366-277256

Medical Officer (On Temporary Engagement) Engagement Notification
Advertisement No. CUTN/TE/03/2026 Dated 31.07.2026

APPLICATION FORM FOR THE MEDICAL OFFICER (ON TEMPORARY ENGAGEMENT)

(Please read carefully the instructions given in the eligibility criteria before filling the format)

Paste a recent Passport Size Photograph

1. Name of the position :

   a) Department(if any) :

2. a) Name in full (in BLOCK letters) :

   b) Father's /Husband's Name :

   c) Whether belonging to : SC ( ) ST ( ) OBC ( ) PWD ( ) EWS( )UR ( )

(Please enclose self-attested copy of caste/disability proof certificate issued by the competent authority, if applicable)

   d) Religion :

   e) Date of birth : DD /MM /YYYY

   f) Age (in years as on 09.08.2026) :

3.

(a) Permanent address (with phone number and e-mail address) **(In block letters)**	(b) Address for correspondence (with phone number and e-mail address) **(In block letters)**
Mobile No: Email Id:	

4. a) Educational Qualification (commencing with 10th Standard). Attach one set of self-attested copies of Certificate(s).

Sl. No	Degree/Diploma	University/Board	Year of Passing	Class/ Division/ Grade/% of Marks

5. Details of employment (In chronological order starting from present employment)

Office/ Institution employed	Date of Joining	Date of leaving	Post held	Salary	Job Description*

(Please enclose self-attested copies of certificates/proof in support of employment)
(*Attach separate sheet, if needed)

6. Time required for joining, if selected:

I hereby declare that all the statements made in this application form and enclosures are true to the best of my knowledge and belief.

Place: Signature of the applicant

Date: Name: