


## Guidelines for applying Online Application Form

1) First go to apply online link (shown below) , this will open new page for entering Personal Details . After complete all your Personal Details click on save button .



### Online Application Form for Medical Officer(Regular)

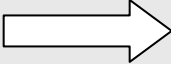
Government of Chhattisgarh  
Health and Family Welfare Department

HOME LOGIN ADVERTISEMENT

**Contents**

- Advertisement
- Instructions and Guidelines

**Please read the Advertisement and instructions carefully before filling the online application.**

 [Click Here To Apply Online for Medical Officer](#)  
(चिकित्सा अधिकारी)

Health & Family Welfare Department, Govt. of Chhattisgarh. Site Designed and Hosted by National Informatics Centre, Chhattisgarh

## Personal Details

Fields marked \* are mandatory (\* फोल्ड भरना अनिवार्य है)

Please read Advertisement and guidelines properly before filling online application form

### 1) POST SELECTION CRITERIA

1.1) *	Select Post :	<input type="text" value="Medical Officer"/>
		Post Group Code :- DHS

### 2) PERSONAL INFORMATION

2.1) *	Applicant's Name (In Capital Letters) आवेदक का नाम (अंग्रेजी के बड़े अक्षरों में भरें);	First Name (नाम): <input type="text"/>	Last Name (उपनाम): <input type="text"/>
2.2) *	Registration In CG Medical Council (छ.ग.मैडिकल काउंसिल में पंजीकरण);	<input type="radio"/> Yes <input type="radio"/> No	
	1)Registration No (जीवित पंजीयन क्रमांक):	<input type="text"/>	2)Registration Date (पंजीयन दिनांक): <input type="text"/>
2.3) *	Father/Husband Name पिता/पति का नाम (अंग्रेजी के बड़े अक्षरों में भरें);	<input type="text"/>	
2.4) *	Date Of Birth (जन्म की तारीख): Age as On 01.01.2016 (01.01.2016 को आयु)	<input type="text"/>	वर्ष    माह    दिन <input type="text"/> <input type="text"/> <input type="text"/>

2. An Registration ID and Password is given to applicant for further step. please note this for future reference .

2.7) *	Do you a have Domicile certificate of Chhattisgarh State (क्या आपके पास छत्तीसगढ़ का मूल निवास प्रमाण पत्र है):	<input checked="" type="radio"/> Yes <input type="radio"/> No
2.8)	Domicile District for chhattisgarh (मूल निवासी जिला):	DURG
2.9) *	Are you from Differently abled Category (क्या आप विकलांग अश्वथी है):	<input type="radio"/> Yes <input checked="" type="radio"/> No
	a)Handicapped Type (विकलांगता का प्रकार):	--Select--
	b)Handicapped Per(%) (विकलांगता का प्रतिशत):	--Select--
2.10) *	Are you from Ex-Servicemen (क्या आप भूत पूर्व सैनिक अश्वथी):	
2.11) *	Permanent Address (स्थायी पता):	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>Directorate of Health Services</b>   <b>PART I of Registration Saved Successfully!</b>  <b>Please Note Registration Id and Password for future reference.</b>  <b>Registraton Id :50006 Password:090119854715</b>  <b>Please Login to completd Part II and Part III Registration</b>   <input type="button" value="OK"/> </div>
	Address (पता):	DFDSE
	State:	Chhattisgarh
	Pin Code:	492015
2.12) *	Residential Address for Communication (पत्र व्यवहार हेतु पता) <input checked="" type="checkbox"/> Same as Above	
	Address (पता):	DFDSE
	City/Village:	Mandir hasod
	District:	RAIPUR
	State:	Chhattisgarh
	Pin Code:	492015
2.13) *	Contact Details	
	Mobile	7664565554
	Email-ID	xyz@mail.com
		<input type="button" value="Save"/> <input type="button" value="Cancel"/>

[Health & Family Welfare Department, Govt. of Chhattisgarh.](#)
Site Designed and Hosted by National Informatics Centre, Chhattisgarh

3 . Click Ok to get acknowledgment for registration , you can download this and click Next Button to login for further steps.

### Online Registration Part I Acknowledgement

Name: RAJESH KUMAR  
 Registration No : 50006  
 Password: 090119854715

**Applied Post : Medical Officer**

**This acknowledgement does not imply that your applictaion has completed , this provide you a unique registration id and password, Plaese login and fill next part of application.**

4) Next Click on “Login” on top menu for filling further Detail and Uploading Scanned Documents

5) After log In , Applicant will see following screen . Click on “Qualification/Experience” on top menu .

6) After filling Qualification/Experience , click on save button you will get following screen .

Registration No:	50006
Candidate Name:	RAJESH KUMAR

**1) POST SELECTION**

Post Applied For : **Medical Officer**

**2) EDUCATIONAL QUALIFICATION**

Please Select \* :  MBBS  MBBS With PG Degree/Dilpoma

Name of Exam	Name Board/University (बोर्ड/वि.वि. का नाम)	Year of Passing	Enter Aggregate Marks		Per(%)	Division
MBBS	XYZ	2011	Obtained Marks 700	Total Marks 1000	70	1

**3) EXPERIENCE DETAILS**

Directorate of Health Services

PART II REGISTRATION Saved Successfully.

OK

From	To	Institution	Duration (in Month)

Total Experience Year:    Month:   

**4) WORK DETAILS**

\* Are you presently working (in Govt. Dept./Govt. Bodies)(क्या आप किसी पद पर कार्यरत हैं):  Yes  No

Designation (पद):	
Place of Posting (पदस्थापना का स्थान):	
Date of Posting (पदस्थापना दिनांक):	

**5) SPOUSE DETAILS**

\* Spouse Details (Working in Govt. Dept./Govt. Bodies)(पति/पत्नी की जानकारी शासकीय विभाग/शासकीय संस्था):  Yes  No

Name of spouse : (पति/पत्नी का नाम)	
department (विभाग)	
Place of posting: (पदस्थापना का स्थान)	District:
	Block :

Save    Cancel

6) Now Click on "Uploading Documents " on top menu for uploading Scanned Photograph and Signature. then Upload scanned photo sign and all required Documents and click on "Submit Application" Button to finally submit application .

## Documents Uploading

Registration No: 50006  
Candidate Name: RAJESH KUMAR

Note - Fields marked ( \* ) star are mandatory ( \* फोल्ड भरना अनिवार्य है )

### Instruction For Uploading

1. Scanned Photo and Signature not more than 50kb and should be in JPG Format
2. Scanned Documents not more than 500kb and should be in PDF Format
3. Be carefull in uploading documents ,Documents ones uploaded can not be changed.


#### 1) Upload photo , sign and documents :

- |  |  |                                       |                   |
|--|--|---------------------------------------|-------------------|
| 1. Upload Scanned Photo (अपलोड स्कैनड फोटोबाप)   | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> | Uploaded          |
| 2. Upload Scanned Signature (अपलोड स्कैनड सिग)   | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> | Uploaded          |
| 3. Marksheet of Graduation Qualification* :-<br>(प्रथम वर्ष से अंतिम वर्ष तक Single PDF में स्कैन कर 3)                                | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> | loaded            |
| 4. Marksheet of PG Degree/Diploma Qualification :-<br>(प्रथम वर्ष से अंतिम वर्ष तक Single PDF में स्कैन कर अपलोड करें)                 | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> | No file selected. |
| Experience Certificate :-<br>(एक से अधिक होने पर Single PDF में स्कैन कर अपलोड करें<br>Only Govt sector experience will be considered) | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> | No file selected. |
| 6. Document for verification of DOB :-<br>(जन्म तिथि के सत्यापन के लिए दस्तावेज़)  | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> | Uploaded          |
| 7. Domicile Certificate :-<br>(निवास प्रमाण पत्र)  | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> | Uploaded          |
| 8. Caste Certificate<br>(जाति प्रमाण पत्र) :-  | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> | Uploaded          |
| 9. Certificate for Differently Abled Category<br>(विकलांग वर्ग के लिए प्रमाण पत्र) :-  | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> | No file selected. |



7) After submitting application you are not allowed to edit any Details, so before submitting please verify all the information entered in correct.


8) Take Print Out of Application Form link given on top menu .



Government of Chhattisgarh  
Health and Family Welfare Department

PERSONAL  
DETAILS
QUALIFICATION /  
EXPERIENCE
DOCUMENTS  
UPLOADING
PRINT  
APPLICATION
LOGOUT

Session will Expire in : 29:53

On-line Application Form for Medical Officer(Regular), Department of Health and Family Welfare Chhattisgarh							
<b>Registration ID: 50006</b> प्रति. संचालक स्वास्थ्य सेवारं. रायपुर (छ.ग.)							
(1)Post Group Code (पद कोड) :- DHS			(2)Post Name (पद):- Medical Officer				
(3)Applicant's Name (In Capital Letters)			RAJESHKUMAR				
(4)Date Of Birth (जन्म की तारीख) *:- 09/01/1985			(5) Email-ID (ईमेल आईडी) *:- xyz@mail.com				
(6)Mobile No (मोबाइल नंबर) *:- 7664565554			(7) Father/Husband Name :MUKESH KUMAR				
(8) Do you a have Domicile certificate of Chhattisgarh State (क्या आपके पास छत्तीसगढ़ का मूल निवास प्रमाण पत्र है) *:-			हाँ				
Domicile District (मूल निवासी जिला):- DURG			(9) Category (UnReserved/ST/SC/OBC) वर्ग(अनारक्षित/अ.ज.जा./अ.जा./अन्य पिछडा वर्ग) *:- General				
(10) Gender (Male/Female/Transgender) लिंग:- पुरुष			11)Are you from differently abled(Handicapped) नहीं				
(12)Are you from Ex-Servicemen Category: नहीं			13) Registration In CG Medical Council * :- हाँ (छ.ग.मेडिकल काउंसिल में पंजीकरण)				
जीवित पंजीयन क्रमांकक : XYZ123			पंजीयन दिनांक : 12/03/2014 00:00:00				
(15) Residential Address for Communication:-			Address :-DFDSF Mandir hasod District :-RAIPUR State :- Chhattisgarh Pin :- 492015				
क्र.	Name of Exam (परीक्षा का नाम)	Name Board/University (बोर्ड/वि.वि. का नाम)	Year of Passing (उत्तीर्ण करने का वर्ष)	Total Aggregate Marks (कुल अंक)	Obtained Aggregate Marks (प्राप्तांक)	Percentage (प्रतिशत)	Division/Grade (श्रेणी/ग्रेड)
1	MBBS	XYZ	2011	1000	700	70	1
(16) यदि आवेदक सेवारत हो या सेवारत रहे हो तो पूरा विवरण भरे :-							
Total Experience (कुल अनुभव) *:- Year 0 Months			(18) Are you present employee in NRHM .नहीं				
(18) Spouse Details (Working in Govt. Dept./Govt. Bodies) :			नहीं				
Applied Date: 09/03/2016							

9) After completing all Process, Logout by clicking “LOG OUT” on top menu.