

APPLICATION FORM

(Please fill all the particulars in Block Letters)

Latest
Passport Size
Photo (Self
Attested)

Candidates are advised to read the details advertisement carefully prior to filling the application form. The candidates must ensure that he/she has an active e-mail ID and Mobile number.

PARTICULARS OF THE CANDIDATES

For the post of: - (tick wherever applicable)

- Professor
- Associate Professor

In the department of:-_____

Full Name	
Father's Name	
Spouse's Name (If Married)	
Sex	
Date of Birth & Age	
Mother Tongue	
Identification Mark	
Category	
Email ID	
Mobile Number	
PAN Card Number	
Aadhar Number	
Nationality	
Educational Qualification (after intermediate)	
Other Qualification (if any)	

Correspondence Address	
Permanent Address	

Have you ever been dismissed or otherwise punished during/after course of your employment/ studies, if YES so furnish details:

.....

1. Qualification(MBBS/MD/MS/DNB/PG Diploma etc. with Certificates)

SI	Qualification	College	Board/ University	Year of Passing	Marks Obtained	Total Marks	Marks in %	Attempts
1								
2								
3								
4								
5								
6								
7								

2. Experience (as per the post notified) Govt./Pvt. Hospital/Institution (In Years/Months) with Certificates:

SI	Position held	Institution	From	To	Total	Teaching/ Non Teaching	Nature (Regular/ Contract)
1							
2							
3							
4							
5							
6							
7							

3. List of Publications: (Only NMC approved Publication will be considered)

SI	Title (Vancouver Style)	Author Position	Name of Journal	Name of Indexing Body
1				
2				
3				
4				
5				
6				

A set of Self Attested photocopy of following Certificates:-

- Matriculation certificate for Age proof.
- MBBS Certificate/Proof of Educational Qualification (with mark sheets)
- Aadhar Card
- PAN Card
- Caste Certificate for SC/ST/OBC/EWS candidates, if applicable.
(Note- OBC candidates are required to submit latest OBC Certificate as per Central Govt. Performa, not more than one year old from the date of Interview.)
- PG Degree/Diploma Certificate/DM/ MCH/ DNB (Super Specialty) (as applicable).
- DMC/UPMCI Registration Certificate with MD/MS/DNB qualification.
- No Objection Certificate from present employer, if applicable.
- Experience Certificates, if applicable.

I hereby certify that the above information and particulars submitted by me are correct and complete to the best of my knowledge and belief, in case any information or particulars furnished above are found incorrect/ false/ wrong, of any information being supported at any stage, I shall liable to any course of action as deemed fit.

Signature of the Candidate	
Name of the Candidate	
Date	

Important

(Read before filling forms)

- Incomplete application is liable to be rejected.
- Form should be filled by candidate in person with clear and CAPITAL letters.
- Photograph should be with clearly visible face, both ears & signed across.

Checklist

List of documents which are to be submitted with Application Form:

SI	Name of Documents	Submitted: Yes/No, if No Reason
1	Demand Draft as Interview Fee, if applicable	
2	Certificate of Class 10 th for Date of Birth	
3	All Marks sheets of MBBS	
4	Attempt Certificate of MBBS	
5	Degree Certificate of MBBS	
6	All Marks sheet of MD/MS/DNB	
7	Attempt Certificate of MD/MS/DNB	
8	Degree Certificate of MD/MS/DNB examination	
9	EWS/OBC/SC/ST Certificate, If applicable	
10	NMC/State Medical Council Registration Certificate	
11	Aadhar Card	
12	Proof of Publication, Certificate of Training, attendance in the Conference/workshop/Seminar, if any	
13	NOC from current Employer, if applicable	
14	Relieving Certificate from previous Employer, if applicable	
15	Experience Certificate, if applicable	
16	Any other	

Date:

Signature of Applicant
Name of Applicant: