

7. Contact Details:-

Phone No. With STD Code:

Mobile No.:

E-mail address:

8. Date of Birth with documentary evidence

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Age as on:

Years	Month	Days
<input type="text"/>	<input type="text"/>	<input type="text"/>

Experience as on

Years	Month	Days
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Are you

(a) A citizen of India by birth and or by domicile?
(Tick the relevant column)

By Domicile	By Birth
<input type="text"/>	<input type="text"/>

(b) If citizen of India by domicile, attach documentary evidence

10. Are you a S.C./S.T./OBC Candidate? (Yes/No):

If Yes, mention the Category (attach documentary evidence)

In case of OBC, the certificate should be issued by the appropriate Authority recently valid for appointment to the post reserved under Govt. of India.

11. Sex:

Male

Female

(Tick the relevant)

12. Person with Disabilities Yes No

13. **Payment Information:**

Transaction No.	
Application Fee	
Payment Status	

14. **Educational Qualification:-**

Name of the Examination	Subject/ Discipline/ Specialty	University/ Institute/College	Completion of course	Month & Year of Passing final examination	No. of attempts	Duration of course
M.B.B.S						
M.D./M.S						
D.M./M.Ch						
Any other examination(s)						

(Please tick the relevant Degrees)

15. **Employment details:-**

Name of the organization	Date of Joining	Date of Leaving	Name of the post held	Whether on Adhoc/ Contract / Regular Basis	Nature of work (Teaching, Research or Patient Care)	Pay level as per 7th CPC

Name of the organization	Date of Joining	Date of Leaving	Name of the post held	Whether on Adhoc/ Contract / Regular Basis	Nature of work (Teaching, Research or Patient Care)	Pay level as per 7 th CPC

16. Experience of Research work and available published material, if any, mention the details and Enclose reprint thereof:-

17. Publication and Research Work (Give number only):-

	Published	Under Publication	1st Author/ Communicating Author
1. Research Papers (a) Indexed Journals Non-Indexed Journals			
2. Books (a) Text Books (b) Edited Books (c) Educational Books			
3. Chapter in Books			
4. Abstracts (a) Indexed Journals (b) Non-Indexed Journals			

List of publications in support of the aforesaid figures should be enclosed.

18. Projects as Chief Investigator:-

Source of funding	Year	Total Amount

19. Awards, Fellowships and Membership of Professional bodies:-

20. Membership of Editorial boards of Indexed International Journals/Review Committees at National bodies and Institutions:-

21. Services/Contributions made towards the development of New Unit/Speciality / Laboratory / Facility/ Programs/Therapeutic or Diagnostic Procedures developed or Patents taken (enclosed evidence):-

22. Contributions in Community & National Programmes :-

23. Describe your most notable contribution in Teaching and Research in 200 words:-.

24. In your understandings, top 10 priority required areas for the Institute:-

25. Attach Self-attested photocopies of the following certificates/documents in the order as mentioned below:-

1. Certificate for Date of Birth.
2. Degree Certificates of the qualification as mentioned in Sl. No. 11 of this Application Form.
3. MCI registration/State Medical Council Registration
4. Experience certificates after completion of P.G. degree / Ph.D. as mentioned in Sl. No. 12 of this Application Form.
5. Category Certificate
6. No Objection Certificate from the Present Employer, if employed
7. Relieving Certificate from Previous Employer.

UNDERTAKING

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Name of the Candidate (in block letter)

Signature of the Candidate (with date)

Place:

Date: