

10. Caste:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11. Post advertised under Category: (UR/ EWS/ OBC/ SC/ ST)

--	--	--

12. Qualifications (MBBS/MD/MS/DNB/PG Diploma/BDS/ MDS etc. with Certificates)
Please add rows as per requirement in table:

Sl.	Qualifications	College	Board/ University	Year of Passing	Marks Obtained	Total Marks	Marks in %	Attempts
1								
2								
3								
4								
5								
6								

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

Sl.	Position held	Institution	From	To	Total	Teaching/ Non- Teaching	Nature: Regular/ Contract
1							
2							
3							
4							
5							
6							

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

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

15. NMC/State Medical Council/ Dental Council of India/ State Dental Council (Tick ✓)

(i) Registration No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(ii) Name of the State (If registered under State Medical Registration Council)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(iii) Date of Registration:

		X			X			
--	--	---	--	--	---	--	--	--

16. Contact No (Mobile):

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17. E-mail (in CAPITAL letters):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

18. Postal Address:

Post Office:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

District:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PIN:

--	--	--	--	--	--

19. Present working status:

(i) Name of the Employer:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(ii) Designation:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(iii) Date of Joining:

		X			X			
--	--	---	--	--	---	--	--	--

20. Marital Status: Single/ Married:

--	--	--	--	--	--	--

21. Nationality: Indian/ Other:

--	--	--	--	--	--

22. Mother Tongue:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

23. Details of Identity Certificate (02 out of 03 are required):

(i) Aadhaar No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(ii) Voter Id:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(iii) PAN:

--	--	--	--	--	--	--	--	--	--

24. Identification Mark:

25. Interview Fee: Applicable: Yes/ No?

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If Yes, D. D. No.

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Issuing Date:

		X		X			
--	--	---	--	---	--	--	--

Name of the Issuing Bank:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Branch of Bank:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DECLARATION:

I undertake that all the above information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me, if found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date:

(Signature of Candidate)

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.

XXX

Checklist

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

Sl.	Name of Documents	Submitted: Yes/ No, If No, Reason?
1	Demand Draft of Rs. 500/- as Interview Fee, if applicable	
2	Admit Card/ 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 Sheets of MD/MS/DNB	
7	Attempt Certificate of MD/MS/DNB Examination	
8	Degree Certificate of MD/MS/DNB Examination	
9	EWS/OBC/SC/ ST Certificate, when applicable	
10	NMC/ State Medical Council Registration Certificate (updated)	
11	Aadhaar Card	
12	Proof of Publications, 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: