



## **Format of Application**

*Candidates are advised to read the detailed advertisement carefully prior to filling the application form. The candidate must ensure that he/she has an active e-mail ID and Mobile number. The e-mail ID and the Mobile number are required to be preserved till publication of final result. The candidate must also ensure the availability of all the relevant documents/ certificates at the time of submitting scanned copy of application form in a **single PDF** file.*

**This application form can be converted to "Word" format.**

*Candidate's Color Photo  
The photograph of the candidate must contain his/ her full face, both ears and neck, in frontal view with a neutral, non-smiling expression and with open eyes directed at the camera.*

- Advertisement No.  & Year
- Post applied for:
- Department in which applied:
- Choice of Mode of appearing in the Interview (Offline/ Online):
- Name in CAPITAL letters:
- Gender: Male/Female/Other
- Father's/Husband's Name:
- Date of Birth, Age as on Date of Interview:
- Category of the Candidate (please write): UR/EWS/OBC/SC/ST:

10. Caste:

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

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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.

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

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(iii) Date of Registration:

		X			X			
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16. Contact No (Mobile):

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17. E-mail (in CAPITAL letters):

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18. Postal Address:


Post Office:

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

District:

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

State:

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PIN:

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19. Present working status:

(i) Name of the Employer:

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(ii) Designation:

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(iii) Date of Joining:

		X			X			
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20. Marital Status: Single/ Married:

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21. Nationality: Indian/ Other:

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22. Mother Tongue:

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

(i) Aadhaar No:

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(ii) Voter Id:

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(iii) PAN:

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24. Identification Mark:


**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.

## Checklist

Following documents should be submitted with application form.

Sl.	Name of Documents	Submitted: Yes/ No, If No, Reason?
1	Admit Card/ Certificate of Class 10 <sup>th</sup> for Date of Birth	
2	All Marks Sheets of MBBS	
3	Attempt Certificate of MBBS	
4	Degree Certificate of MBBS	
5	Marks Sheets of MD/MS/DNB	
6	Attempt Certificate of MD/MS/DNB Examination	
7	Degree Certificate of MD/MS/DNB Examination	
8	EWS/OBC/SC/ ST Certificate when applicable	
9	NMC/State Medical Council Registration Certificate (updated)	
10	Aadhaar Card	
11	Proof of Publications, Certificate of Training, Attendance in the Conference/ Workshop/ Seminar, if any	
12	NOC from Current Employer, if applicable	
13	Relieving Certificate from previous Employer, if applicable	
14	Experience Certificate, if applicable	
15	Any other	

Name of Applicant:

Signature of Applicant: