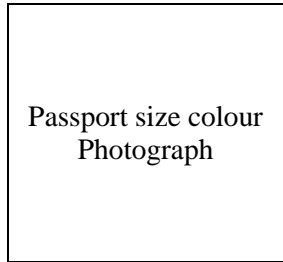


Format of Application

Applying for Department.....

Post.....

Advertisement No......



1. Personal details-

- a. Name of the Applicant
- b. Father's Name
- c. Mother's Name
- d. Date of Birth
- e. Gender
- f. Country of Birth
- g. State of Domicile
- h. Citizenship
- i. Are you native of UP(Yes/No)
- j. Category (Gen/OBC/SC/EWS/PH)
(Attach the certificate Issued by competent authority)
- k. Marital Status
- l. Mailing Address-
Current Address:
-
- Phone No:-.....
- Mobile No:-.....
- Email Address:-
- Permanent Address:-.....
-
-
- Phone No:-.....
- Mobile No:-.....
- Email Address:-.....

2. Are you physically handicapped.....(Yes/No)

(Attach the certificate Issued by competent authorities)

3. Are you employed in government sector at present(Yes/No)

4. Have you ever been punished/convicted under any
University/court of law or any government body? (Yes/No)

5. Are you a Sports Person (Yes/No)

6. Extra Achievements

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7. Educational Details- (Attach Proof)

S. N.	Examination	Course/ Subject	Board/ University	From-To	Attempts	Percentage
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1.	High School					
2.	Intermediate School					
3.	Graduation					
4.	Post-Graduation					
5.	Post-Doctoral					
6.	Any Other					

(Please add extra rows if needed)

8. Experience-(Attach Proof)

S. N.	Name of Post	Name of Institute/college/Hospital	From-To	Total Experience	Nature of Job (Teaching/Non-Teaching)	Experience type (Govt. Private)	Reason for leaving	Emoluments

(Please add extra rows if needed)

9. List of Publications:-(In Vancouver Style) (Attach Proof)

<p>1. Total 2. Index/Non-index 3. Authorship:- First/Second/Third/corresponding 4. Index Agency:- 5. Type of Paper:-</p>
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10. Book and book chapters published -(Attach Proof).

11. Basic Course in Biomedical Research (Yes/No)

If Yes

(a) Date

(b) Institution designated by NMC from where done

12. Basic Course in Medical Education Technology (Yes/No)

If Yes

(a) Date

(b) Institution designated by NMC from where done

13. Membership of Professional Societies-(Attach Proof)

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14. Awards/Honors/Medals etc. (Attach Proof)

15. Any other important information-

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I hereby declare that all the information provided above is correct to best of my knowledge and no significant information has been concealed. I understand that in case this information is found to

be incorrect at any stage, I shall be liable to face disciplinary legal action including termination from the service.

Date/Place

Name and Signature of the candidate