



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.*

1. Advertisement No. & Year

2. Post applied for:

3. Department in which applied:

4. Name in CAPITAL letters:

5. Gender: Male/Female/Other

6. Father's/Husband's Name:

7. Date of Birth, Age as on Date of Interview:

8. Category of the Candidate (please write): UR/EWS/OBC/SC/ST:

9. Caste:

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

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11. 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								

12. 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							

13. 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				

14. 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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15. Contact No (Mobile):

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16. E-mail (in CAPITAL letters):

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17. Postal Address:

Post Office:

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

District:

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

State:

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

PIN:

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18. 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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19. Marital Status: Single/ Married:

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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	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: