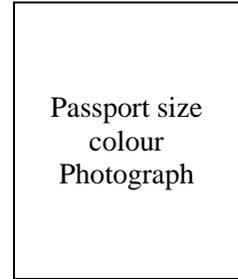


**Format of Application**

**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 .....

.....  
.....

**7. Educational Details- (Attach Proof)**

S . N .	Examination	Course/ Subject	Name of Institute/Coll ege /Hospital (No. of Beds)	Board/ Univers ity	Medical Council Reg. Details Reg.	Fro m- To	Attem pts	Percenta ge
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					<b>No./Date/Body</b>			
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	NMC Permission Status of College during tenure	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><b>1. Total</b>  <b>2. Index/Non-index</b>  <b>3. Authorship:- First/Second/Third/corresponding</b>  <b>4. Index Agency:-</b>  <b>5. Type of Paper:-</b></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-**

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**