

**Format of Application**

**Applying for Department**.....

**Post**.....

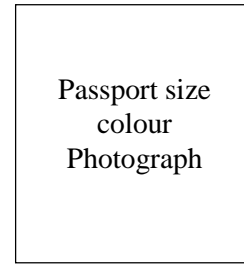
Advertisement No.....

**Fee Details**

Amount.....

Bank Name.....

Demand Draft 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/ST/EWS)  
(Attach the certificate Issued by competent authority as applicable)
- 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)

Current Designation .....

Current Place of work.....

4. NOC from Current employer

Whether attached.....

Whether applied.....

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

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

7. Extra Achievements .....

.....

.....

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

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

(Please add extra rows if needed)

**9. 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)

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

1. Total _____ (No.)
2. Indexed _____(No.)/ Non-indexed _____(No.)
3. <b>Authorship:-</b> First_____(No.)/ Second_____(No.)/ Third_____(No.)/ Corresponding_____(No.)
4. <b>Type of Paper:-</b> Original Research_____/Review_____/Case Report_____/Others_____

**11. Book and Book chapters published -(Attach Proof).****12. Basic Course in Biomedical Research (Yes/No)**

If Yes

(a) Date

(b) Institution designated by NMC from where done

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

If Yes

(a) Date

(b) Institution designated by NMC from where done

**14. Membership of Professional Societies-(Attach Proof)**

--

**15. Awards/Honors/Medals etc. (Attach Proof)****16. Any other important information-**

--

**17. Self-Assessment Form:- Please fill the attached form (as Attach)**

**Instructions:-**

i. Only one option to be ticked

ii. All fields mandatory

iii. All attachments as pdf formats for online submission.

**18.** Affidavit (Rs 20/-) declaring that the entries made by you in the application are correct, to the best of your knowledge and that nothing has been left out by you intentionally

<b>Attached</b>	
<b>Yes</b>	<b>No</b>

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**