

## Application Form Faculty

Post Applied \_\_\_\_\_ Speciality \_\_\_\_\_

Full Name \_\_\_\_\_ Sex: M/F \_\_\_\_\_

Postal Address \_\_\_\_\_

City: \_\_\_\_\_ Dist.: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Contact Detail: Mob No: \_\_\_\_\_ Email-ID: \_\_\_\_\_

DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Religion: \_\_\_\_\_ Cast: \_\_\_\_\_ Category: SC/ST/SBC/OBC/Open

Aadhar Card Number \_\_\_\_\_ PAN Card Number \_\_\_\_\_

Qualifications(Attach all relevant certificates)					
Qualification	Name of Institute	Board/University	Passing Year	% of Marks	Class/Grade
MBBS/M.Sc.(Medical)					
PH Diploma					
MD/MS/Ph.D.(Medical)					
Super Specialty ( if Any)					
Other (Please Specify)					

Degree	Name of State Medical Council	Registration No.	Registration Date
MBBS			
MD/MS			
Others(If any)			

Experience Detail (Attach All Relevant certificates & Approvals. Starting from Present/Latest Job at Sr.No.01)					
Sr. No.	Name of the Institute	Designation /Post Held	Period of Experience		
			From	To	Duration

Last Appeared in MCI: Year \_\_\_\_\_ Name of Institute \_\_\_\_\_

Sr. No	Research Paper	Number		
		State Level	National Level	International Level
1				
2				
3				

Note: -Attach self-attested copies of all necessary documents, truly/certified by self. (by duly)

Family Details: \_\_\_\_\_

S. No.	Name	Date of Birth DD/MM/YYYY	Relationship	Occupation
1				
2				
3				
4				

Current CTC: \_\_\_\_\_ Expected CTC: \_\_\_\_\_ Notice Period: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

<b>Only for Office use</b>	
<b>Interview Assessment Sheet: Functional</b>	
<b>Remarks:</b>	
<b>Name :</b>	<b>Designation:</b>
<b>Date:</b>	<b>Signature:</b>

<b>For Human Resources Department</b>	
<b>Reporting to:</b>	<b>Pay Group:</b>
<b>Designation:</b>	<b>Grade:</b>
<b>CTC Offered (PM):</b>	<b>Department:</b>
<b>Date:</b>	<b>Expected DOJ:</b>
<b>Remarks( if any)</b>	<b>Signature:</b>
<b>Management Remarks:</b>	
<b>Dean/MS:</b>	
<b>Remarks (If any)</b> _____	
_____	
<b>Date:</b>	<b>Signature:</b>
<b>C.E.O</b>	
<b>Remarks (If any)</b> _____	
_____	
<b>Date:</b>	<b>Signature:</b>