APPLICATIONFORM

(Please fill all the particulars in Block Letters)

Latest PassportSize Photo (Self Attested)

Walk-in Interview on 19.03.2025& 20.03.2025

<u>Candidates are advised to read the details advertisement carefully prior to filling theapplication form. The candidates must ensure that he/she has an active e-mail ID andMobile number.</u>

PARTICULARSOFTHECANDIDATES

Forthepostof:-(tickwhereverapplicable)

- o Professor
- $\circ \quad \text{AssociateProfessor}$
- $\circ \quad \text{AssistantProfessor}$
- $\circ \quad \text{Senior Resident} \quad$

Inthedepartmentof:-_____

FullName	
Father'sName	
Spouse'sName(IfMarried)	
Sex	
DateofBirth&Age	
MotherTongue	
IdentificationMark	
Category	
EmailID	
MobileNumber	
PANCardNumber	
AadharNumber	
Nationality	
Educational Qualification (after intermediate)	
OtherQualification(ifany)	
CorrespondenceAddress	
PermanentAddress	

	DetailsofPreviousEmployment(inchronologicalorderaftergraduation)			
Name&Address		PeriodofEmployment		
oftheEmployer	From	То	Total Month(s)	Leaving

Haveyoueverbeendismissedorotherwisepunishedduring/aftercourseofyouremployment/studies,ifYES so furnish details:

.....

1. Qualification(MBBS/MD/MS/DNB/PGDiplomaetc.withCertificates)

SI	Qualification	College	Board/	Yearof	Marks	Total	Marks	Attempts
			University	Passing	Obtained	Marks	in %	
1								
2								
3								
4								
5								
6								
7								

2. Experience(asperthepostnotified)Govt./Pvt.Hospital/Institution(InYears/Months)with Certificates:

SI	Positionheld	Institution	From	То	Total	Teaching/ Non Teaching	Nature (Regular/ Contract)
1							
2							
3							
4							
5							
6							
7							

3. ListofPublications:(OnlyNMCapprovedPublicationwillbe considered)

SI	Title(VancouverStyle)	AuthorPosition	NameofJournal	NameofIndexing Body
1				
2				
3				
4				
5				
6				

SelfAttestedPhotocopyofCertificates

- MatriculationcertificateforAgeproof.
- MBBSCertificate/ProofofEducationalQualification(withmarksheets)
- TwoPhotographs(PassportSize).
- AadharCard
- PANCard
- CasteCertificateforSC/ST/OBC/EWScandidates,ifapplicable.
 (Note- OBC candidates are required to submit latest OBC Certificate as per Central Govt. Performa, not more than one year old from the date of Interview.)
- PGDegree/DiplomaCertificate/DM/MCH/DNB(SuperSpecialty)(asapplicable).
- NMC/Punjab Medical CouncilRegistrationCertificatewithMD/MS/DNBqualification.
- NoObjectionCertificatefrompresentemployer,ifapplicable.
- ExperienceCertificates,ifapplicable.

Iherebycertifythattheaboveinformationandparticularssubmittedbymearecorrectand complete to the best of my knowledge and belief, in case any information or particulars furnished above are found incorrect/ false/ wrong, ofany informationbeing supportedatany stage, I shall liable to any course of action as deemed fit.

SignatureoftheCandidate	:
Nameof theCandidate	:
Date	:

Important

(Readbeforefillingforms)

- Incompleteapplicationisliabletoberejected.
- FormshouldbefilledbycandidateinpersonwithclearandCAPITALletters.
- Photographshouldbewithclearlyvisibleface,bothears&signedacross.

Checklist

ListofdocumentswhicharetobesubmittedwithApplicationForm:

	stordocuments which are to be submitted with Application Form:	
SI	NameofDocuments	Submitted:Yes/No,ifNoReason
1	DemandDraftasInterviewFee, if applicable	
2	CertificateofClass10 th forDateofBirth	
3	AllMarkssheetsof MBBS	
4	AttemptCertificateofMBBS	
5	DegreeCertificateofMBBS	
6	AllMarkssheetofMD/MS/DNB	
7	AttemptCertificateofMD/MS/DNB	
8	DegreeCertificateofMD/MS/DNBexamination	
9	EWS/OBC/SC/STCertificate,Ifapplicable	
10	NMC/PunjabMedicalCouncilRegistrationCertificate	
11	AadharCard	
12	ProofofPublication,CertificateofTraining,	
	attendanceintheConference/workshop/Seminar, if any	
13	NOCfromcurrentEmployer,ifapplicable	
14	RelievingCertificatefrompreviousEmployer, if applicable	
15	ExperienceCertificate, if applicable	
16	Anyother	
		-

Date:

SignatureofApplicant NameofApplicant: