

**Government Medical College, Haridwar
Application Form for Faculty**

For the post of:

Department:

RECENT COLOURED
PHOTO

1. Name:
2. Father's/Husband Name:
3. Date of Birth & Age

4. Category: General/ OBC/ SC/ ST/ EWS

5. Permanent Address-

6. Correspondence Address:

7. Email: _____

8. Aadhar Number: _____

9. PAN No.: _____

10. Mobile Number : _____

11. ACADEMIC QUALIFICATION :

Qualifications	College	University	Year of passing	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS					
MD/MS/ DNB/PhD					
MSc/MSc. PhD					
DM/M.Ch.					

12. DETAILS OF PREVIOUS APPOINTMENTS / TEACHING EXPERIENCE:					
Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/ Demonstrator					
Registrar/ Senior Resident/ Resident					
Assistant Professor					
Associate Professor					
Professor					

13. Number of publications indexed per notification of MCI/NMC:

a- National:

b- International:

14. Basic course workshop training done - Yes/No

15. Basic course in Biomedical Research done - Yes/No

16. Are you under obligation of Essential State Service Bond in any State of India - Yes/No

DECLARATION BY THE CANDIDATE

I, hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date:

Place:

Signature of Candidate: _____

Name of Candidate: _____



Enclosures:

S.No	Documents	Submitted
1.	Recent Passport size photo of the Employee.	Yes / No
2.	Copy of Degree certificates of MBBS	Yes / No
3	Copy of Degree certificates of PG degree	Yes / No
4	Copy of Registration of MBBS.	
5	Copy of Registration of PG degree	Yes / No
6.	Copy of experience certificate for all teaching appointments before joining present institute.	Yes / No
7	Relieving order from the previous institution.	Yes / No
8.	PAN Card	Yes / No
9	Copy of Aadhar Card	Yes / No
10	Basic course in medical education workshop training certificate	Yes / No
11	Basic course in Biomedical Research certificate	Yes / No
12	Any others	

Date :

Signed of the candidate

Countersigned by Scrutiny officer :

Name :

Designation:

Department:

Countersigned by
Name
Designation
Department

[Handwritten Signature]