

APPLICATION FORM
APPOINTMENT OF CONTRACTUAL ASSOCIATE PROFESSOR/ ASSISTANT PROFESSOR IN
PATNA MEDICAL COLLEGE, PATNA
(Fill in Block Letters)

Name of Post : Department.....

Name (In Capitals).....

Name (In Hindi).....

Age..... Sex..... Date of Birth..... Date of Retirement.....

Reservation Category : () General () BC () EBC () SC () ST () BC Woman

Marital Status :

Father's Name/Husband's Name.....

Correspondence Address :

Permanent Address.....

Contact No. E-mail ID.....

Current Post, Place, Employer, State.....

Details of last 2 posting (1).....

(2).....

Education Qualification Teaching Experience & Publication (as per MCI TEQ):

Qualification	Basic (Graduation)	PG (Specialty)	Super specialty	Teaching Experience as..... (In Months)	Publication in Indexed National Journals (Attach)
Degree					
University					
Year of passing					
Aggregate Marks %					

Experience Certificate attached:

Medical Registration Number..... Year..... State.....

Declaration by Candidate:- I hereby declare that the information furnished in this application is true. It is found to be incorrect at any stage, I will be liable for administrative action including termination of my contract and initiation of legal proceedings. Please attach the photocopy of all certificate and testimonials,

Date...../...../.....

Signature.....

For office Use:-

Signature of Board Members :-

1..... 2..... 3.....

4..... 5..... 6.....

Affix Passport size Recent self - attested Photograph