भोपाल स्मारक अस्पताल एवं अनुसंधान केन्द्र

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

(A 350 Bed Super- Specialty Hospital, Indian Council of Medical Research (ICMR),
Department of Health Research (MoH & FW), Govt. of India)

APPLICATION FOR THE POST OF CONTRACTUAL ASSISTANT PROFESSOR–CTVS

Affix a recent Pass Port size Photograph

Tick the Applicants Category

General	☐	Scheduled Caste	☐
Scheduled Tribe	☐	Other Backward Class	☐

(Enclose proof of Caste Certificate issued by Competent Authority)

1. Name of the Applicant : _____
2. Sex : Male / Female (tick applicable word) Marital Status : Married / Unmarried
3. Father's Name : _____
4. Name of the Spouse : _____
5. Date of Birth : _____ **Age as on 26/11/2022**

Year	Months	Days

6. Present Address : _____
   : _____
   : _____
   Mobile No. _____
   Email : _____
7. Permanent Address :_____
   :_____
   : _____ Telephone No._____
   Mobile No. : _____
8. Nationality : _____

9. Educational Qualification :(Enclose photocopies of degree/diploma certificates & mark sheets)

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	No. of Attempts	Month & Year of Passing	College & University	Awards/ Distinction
MBBS I Prof.							
II Prof.							
Final (Part-I)							
Final (Part-II)							
Total of all MBBS Exams							
MS (Surgery)							
M.Ch./DNB (CTVS)							

10. Permanent MCI/ State Medical Council Registration Details :

Name of the Medical Council:_____

MBBS Registration No. _____ Place _____

Post PG Registration No. :_____ Place_____

M.Ch Registration No. :_____ Place_____

11. Current Activities:

_____

_____

_____

_____

_____

Contd. ..

12. Experience : (Enclose copies of Work Experience Certificates)

Name of the Present & Previous Employer with Address / Contact Nos.	Present / Previous Post	Period		Nature of Work
		From	To	

(Use separate sheet if space is inadequate)

13. Name and address of two referees knowing the applicant's work :

Name	Occupation or Position	Address with telephone No. & e-mail

14. Details of relatives in BMHRC if any :

Name	Post & Department	Telephone No. & e-mail

Contd. …

15. Declaration : (Only for OBC category candidates)

"I, _____ son/daughter of Shri. _____ resident of _____ Village/town/City _____ District _____ State _____ hereby declare that I belong to the_____ Community which is recognized as backward class by the Government of India for the purpose of reservation in service as per orders contained in the Department of Personnel and Training Office Memorandum No. 36012/22/93-Rest. (SCT) dated 8.9.1993. It is also declared that I do not belong to persons/ sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8.9.1993 and its subsequent revision through OM No. 36033/3/2004-Estt.(Res) dated 9.3.2004 and 14.10.2010 and OM No. 36033/01/2013-Estt.(Res.) dated 27.05.2013.

16. **Any other information you wish to add :**

_____
_____
_____
_____

17. Check List : (Please tick in the box given below as proof of enclosures). All Certificates must be self attested and be attached in the following order :

* Certificate in support of age (10th)
* Mark Sheet of MBBS (All Profs)
* Degree of MBBS
* Internship completion Certificate
* Degree of concerned specialty
* Degree of M.Ch./DNB in CTVS
* Registration with MCI/ State Medical Council
* SC/ST/OBC/PH certificate in prescribed format of Govt. of India
* Experience Certificate (if any)
* No Objection Certificate (if the candidate is already in Service)

DECLARATION

I, _____ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information is concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated."

Place : _____

Date : _____ **(Signature of the applicant)**

Full Name :