

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 in
 _____.

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| Details of Demand Draft / Cash Receipt | Tick the Applicants Category |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DD/Cash Receipt No. <input style="width: 100%;" type="text"/> | General <input type="checkbox"/> Scheduled Caste <input type="checkbox"/> |
| Dated : <input style="width: 100%;" type="text"/> | Scheduled Tribe <input type="checkbox"/> Other Backward Class <input type="checkbox"/> |
| Name of Bank <input style="width: 100%;" type="text"/> | (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 10/10/2023

| | | |
|------|--------|------|
| 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 | | | | | | | |
| MD / MS | | | | | | | |
| M.Ch./DNB in _____ | | | | | | | |

10. Permanent MCI/ State Medical Council Registration Details :

Name of the Medical Council: _____

MBBS Registration No. _____ Place _____

Post PG Registration No. : _____ Place _____

DM/M.Ch/DNB 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 :