ANNEXURE-B

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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)

Α	pplication for the post of Co	ntractual Assistant Prof 	essor in	Affix a recent Pass Port size
				Photograph
DD/Cash Receipt No Dated : Name of Bank	nd Draft / Cash Receipt	General Scheduled Tribe (Enclose proof of Caste Certi Authority)		
	(tick applicable word)			
3. Father's Name :				
4. Name of the Spouse	e :			
5. Date of Birth :	Age	as on <u>10/10/2023</u>	Year Months	Days
6. Present Address				
	:			
	:			
Ν	Mobile No			
7. Permanent Address				
		Telephone No		
	Mobile No. :			
8. Nationality :				

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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							

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

10. Permanent MCI/ State Medical Council Registration Details :

Place	
Place	_
Place	
	· · · · · · · · · · · · · · · · · · ·

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

Name of the Present & Previous Employer with Address /	Present / Previous Post	Pe	riod Nature of Work	
Contact Nos.		From	То	

(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. ...

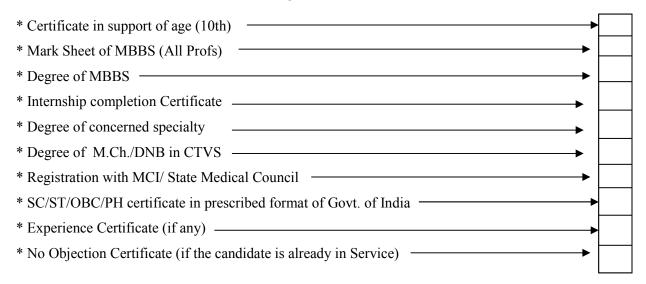
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15. Declaration : (Only for OBC category candidates)

"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 :



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 :