

**ATAL BIHARI VAJPAYEE GOVERNMENT MEDICAL COLLEGE, VIDISHA**  
**OPPOSITE KHEL PARISAR , VIDISHA- (MP) PINCODE 464001, CONTACT NO. 07592 - 297254**  
**APPLICATION PROFORMA (To be filled by Applicant) Last date of submission:- 22/02/2024**

Post:- ..... , Subject:-.....,Category:-.....



1. Name of Applicant :- .....

Gender :- Male/Female/Other .....

Name of Father/Husband(with surname):- .....

Date of Birth (Attach Certificate):-.....

Age on 01/01/2024:- ..... Days ..... Month ..... Years

Aadhar No.:- .....

2. Name of Present Institute:- ..... Bonded/Non-bonded:- .....

Govt/Pvt.:- ..... Present designation:-.....

Date of joining on present designation:- .....

3. Corresponding address (with pincode):-

.....  
 .....

4. Permanent address (with pincode):-

.....  
 .....

5.Mobile No.- ..... 6.Email-ID: .....

7. Marital Status- Married/Single -- If married (A) Date of marriage :- .....

(B) Age of self & Spouse at time of marriage (Yrs)..... & .....

(C) No. of living Children with date of birth:- .....

8. Details of Application Fee Receipt:- .....

9. Academic Qualification:-

S.No	Name of Examination	Name of Institute/ University	Pass out Year	Subject	Marks Scored/Total (.....%)	No. of Attempt
1.	MBBS I <sup>st</sup> Prof					
2.	MBBS II <sup>nd</sup> Prof					
3.	MBBS Final –I					
4.	MBBS Final –II					
5.	MD/MS/DNB					
6.	McH/DM					

10. No. of beds in Hospital for DNB Candidates:-.....

11. Total % of Marks in MBBS / FMGE:- .....

12. Post PG (MD/MS/DNB/PhD):- SR Ship/Tutor/Demonstrator

(A) Name of Institute: - .....

(B) NMC Recognized (Yes/No) ..... (C) Date of joining:- .....

(D) Age at joining- ..... (E) Total-Duration (Yrs) - .....

**13. Details of Medical Council**

	Name of Medical Council	Registration No	Date
MBBS			
MD/MS/DNB/PhD			
DM/MCH			

**14. Teaching Experience:**

Post	Name of Institute	Recognized by NMC/MCI (Yes/No)	From	To	Total Duration	No. of Publication as per NMC/MCI Norm
Post-MD/MS/DNB: SRShip/ Tutor/ Demonstrator						
Assistant Professor						
Associate Professor						
Professor						
Others:						

**(Copy of all documents to be self attested and attached in serial number)**

**15. PROFORMA FOR PUBLICATIONS**

**Mention only original research articles/papers/meta-analysis/systemic reviews/case series**

**Mention only original articles as first/second/ Third or Corresponding author**

S. No.	Post during which publication occurs	Title (& DOI link if Available)	Type of article	Name of Journal & N/Int (National/ International)	Date of Publication/ Acceptance (DOP/DOA)	*Name of Indexing if published after 02/09/2015	PSS N No./ ISSN No.	As Ist/IInd/ IIRd/ Corresponding author	Accepted/ Not by Subject Expert (Sign/ Name)	Remark by scrutiny committee of ABVGMC Vidisha (Sign/Name)
1.										
2.										
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16. Attach the certificate of completion of basic course in medical education technology and basic course in biomedical research (mandatory for the post of Professor and Associate Professor)

**17. Additional Achievement:-**

Written book/ Chapter	
Editor/Member of editorial board	
Oral Paper Presentation in National/International Conferences	
As President /Secretary - Organized Conference National / State	
Received Awards by Govt. (Minimum state level)	
Administrative experience as HOD	
Fellowship in Subject & Duration	
Others	

**Faculty Advertisement No.....**

I declare that I am eligible as per latest NMC norms for the post I have applied for and I declare that all the above provided information and documents are correct to the best of my knowledge. I also declare that no investigation/criminal case is pending against me at present and also never convicted by any court/ institute. I also declare that in last two year I never refused to join after selection as faculty in any Govt. Medical College of MP. If I am unable to submit required document or any information given above is found incorrect at any time, then my candidature/appointment/service shall be cancelled/terminated with immediate effect and I am liable for any action taken against me (including judicial).

**Date & Place**

**Signature & Name of Applicant**

**Note:- Signature of Applicant is mandatory on all pages of application form .**



**17. Checklist:-**

S. No	Available Original Documents ( To be tick by Candidate in this column)	To be filled by Scrutiny Officer/Member in this column	
		Yes/No	Remark
1.	Aadhar Card & PAN Card		
2.	Mark sheet /Certificate of High School/ Higher Secondary School – for proof of Date of birth		
3.	MBBS: Marks Sheets of all Professionals, Attempt Certificate, Registration & Degree		
4.	MD/MS/DNB: Marks Sheet, Attempt Certificate, Registration & Degree		
5.	For DNB Candidate: Document for Number of beds in DNB Hospital/ Institute		
6.	For FMG Candidate: Attempts in UG/ PG & Score card of FMGE		
7.	Certificates of all Post-PG Teaching Experience till last date of submission of Application from NMC/ MCI recognized Institute		
8.	'No Objection Certificate' from present employer ( NOC is Mandatory for all candidates presently working in Govt. Medical College/ Institute/ Hospital/ Organization)		
9.	Form-16 from Traces/ AIS/26-AS from Post PG/up to last 6 financial years ( Mandatory for all candidates presently working in Pvt. Medical College/ Institute/ Hospital/ Organization)		
10.	Copy of minimum 1 <sup>st</sup> page of all publications as per NMC / MCI Norms( For proof of : Type of article, Serial number of Authorship, corresponding author , Date of Publication / Acceptance, I-SSN &P-ISSN Number, DOI if available and Copy of Page Showing Indexing if published after 02/09/2015)		
11.	Certificate of completion of basic course in medical education technology and basic course in biomedical research		
12.	Duly-Signed self Declaration Form & Bond Form on plain paper (as attached with scrutiny proforma)		

13.	Copy of page as proof of written book/ Chapter If any		
14.	Proof of Editor/Member of editorial board If any		
15.	Certificate of Oral Presentation in National/International Conferences If any		
16.	Certificate of Administrative experience as HOD if any		
17.	Certificate of received Awards by Govt.(Minimum state level) if any		
18.	Certificate of Fellowship done if any		
19.	Caste certificate & MP Domicile from competent authority ( If Applicable)		
20.	For PhD: Certificate of PhD granted by recognized medical college/Institute and as regular on campus course in concern subject & total Duration to complete PhD		
21.	Any other relevant documents		

(Copy of all documents to be self attested and attached in serial number)

Signature of Applicant

Name of Applicant: .....

Date and Place: .....

Signature of Scrutiny Officer/Member  
(who Checked all Documents )

Name of Scrutiny Officer:.....

Date and Place:.....