

## **APPLICATION FORM for CONTRACTUAL FACULTY POST**

Advertisement No. DrRMLIMS/ER /Rect-F (C)/2024/2642

Dated: 20 September 2024

**Please type in Bold or neatly fill in Capital Letters**

1. Post Applied for: \_\_\_\_\_ against the advertised post of \_\_\_\_\_ in the Department of \_\_\_\_\_ .

Affix Latest  
Passport Size  
Photograph

2. Application Fee Payment Details

- a. Amount of Fee paid (₹.): **1,180/-**
- b. Date of Payment: \_\_\_\_\_ August 2024.
- c. Mode of Payment: UPI (BHIM)/Net Banking
- d. Transaction Ref No. \_\_\_\_\_ (Proof attached Encl No. \_\_\_\_)

**WITHOUT VALID PROOF OF PAYMENT THE APPLICATION  
SHALL NOT BE CONSIDERED.**

3. Name of the Applicant: \_\_\_\_\_

4. Father's/Husband's Name: \_\_\_\_\_

5. Category:

- a. SC/ST/OBC/EWS/UR: \_\_\_\_\_ (Proof attached Encl No. \_\_\_\_)
- b. Are you a person with benchmark disability and wish to apply under that category: YES/NO (Proof attached Encl No. \_\_\_\_)

6. Date of Birth (dd-MMMM-yyyy): \_\_\_\_\_ (Proof attached Encl No. \_\_\_\_)

- a. Age in completed years as on the Last Date of Advertisement: \_\_\_\_\_ years.

7. Gender: FEMALE/MALE/THIRD.

8. Marital Status: UNMARRIED/MARRIED/WIDOW/WIDOWER

9. Permanent address: \_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_ PIN Code: \_\_\_\_\_

10. Communication Address: \_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_ PIN Code: \_\_\_\_\_

11. Contact Details:

- a. Mobile No(s): \_\_\_\_\_
- b. Email (write in Capitals): \_\_\_\_\_
- c. Work Landline Phone (with STD Code): \_\_\_\_\_
- d. Home Landline Phone (with STD Code): \_\_\_\_\_

12. Nationality: \_\_\_\_\_ (By Birth or Naturalization)

- a. State of Domicile: \_\_\_\_\_ Since: \_\_\_\_\_

**13. Educational Qualifications (from Matriculation onwards):**

S. No.	Qualification (strike out that is not applicable)	College/Board/University	Year of Passing	%age of marks	No. of Extra Attempts	Medical Council/NMC Regn No. with date and State	Encl No.
A	B	C	D	E	F	G	H
1	<b>Matriculation</b> (Class X)					N/A	
2	<b>Intermediate</b> (Class XII)					N/A	
3	<b>MBBS</b>						
4	<b>MD/MS/DNB</b> - <Subject>						
5	<b>PhD</b> - <Subject>						
6	<b>DM/MCh/DrNB</b> - <Subject>						
7	Others						

**Note:**

- Please attach self-attested copies of Certificates of Class 10<sup>th</sup> and 12<sup>th</sup> and Marks Sheets and Degrees of MBBS onwards. Write relevant Enclosure numbers in column H.
- Insert/Add additional Rows as needed.

**14. Other Courses (Compulsory for Associate Professor/Professor):**

- a. BCBR proctored examination passed (Yes/ No) (Proof attached Encl No. \_\_\_\_)
- b. BCMET completed (Yes/ No) (Proof attached Encl No. \_\_\_\_)

**15. NMC/MCI recognized Teaching Experience (from Post- PG qualifying degree Senior Residency Onwards).**

<b>S. No.</b>	<b>Designation</b>	<b>Department</b>	<b>Name of Institution</b>	<b>From (DD-MM-YY)</b>	<b>To (DD-MM-YY)</b>	<b>Total Experience (YY-MM-DD)</b>	<b>Encl No.</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>
1	Senior Resident						
2	Tutor/Demonstrator (post qualifying degree only)						
3	Assistant Professor						
4	Associate Professor						
5	Professor						
TOTAL EXPERIENCE Years Months and Days:							

**Note:**

1. Please attach self-attested copies of Experience Certificates. Write relevant Enclosure numbers in column H.
2. Insert/Add additional Rows as needed.

**16. Research Publications:**

<b>S. No.</b>	<b>Publication Info in Vancouver style (type your name in bold font and put * on corresponding author name)</b>	<b>Type of Article</b>	<b>Indexing Agency</b>	<b>Ref Encl. No.</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
1				
2				

**Note:**

1. Please attach 1<sup>st</sup> page of publication and proof of indexing from indexing agency website (NOT from Journal Website) and write Encl Ref No. in Column E.
2. Insert/Add additional Rows as needed.

## 17. Present Employment

- a. Designation: \_\_\_\_\_
- b. Department: \_\_\_\_\_
- c. College/Institution (complete address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Working on current post since (Date): \_\_\_\_\_
- e. NOC Enclosed: YES/NO/NA
- f. Present Annual Pay (₹.): \_\_\_\_\_
18. Are you willing to be considered for a junior post than the one you have applied if the Selection Committee so recommends: YES/NO.
19. Minimum notice period you will need to join service, if selected: \_\_\_\_\_  
(days/weeks/months)
20. Any other information worth mentioning:

## UNDERTAKING

I certify that the particulars and information, furnished above are true, correct, and nothing has been concealed in all respects to the best of my knowledge and belief. In the event of any information being found incorrect/misleading/misrepresented at any stage, my candidature/selection/services may be rejected/terminated without prejudice to the right of the Institute to initiate appropriate civil/criminal proceedings against me any appropriate court of law.

Place:

Signature:

Date:

Name: \_\_\_\_\_

**21. Document Checklist:**

<b>S. No.</b>	<b>Description</b>	<b>Attached YES/NO/NA</b>	<b>Encl Ref Nos. From – To</b>
1.	Proof of Application Fee Payment		
2.	Valid Reservation Category Certificate		
3.	Valid Certificate of Benchmark Disability		
4.	Date of Birth Certificate		
5.	Educational Qualification Certificates and Marks Sheets		
6.	Medical Council/NMC Registration Certificates (All Medical Qualifications)		
7.	BCBR Completion Certificate		
8.	BCMET Completion Certificate		
9.	Teaching Experience Certificates		
10.	Copies of Publications (1 <sup>st</sup> page) and Indexing Documents		
11.	Current Employment/Experience – cum No Objection Certificate		
12.	Govt issued Id and Address Proofs		

Signature: \_\_\_\_\_

Name: \_\_\_\_\_