

TMC – DNB/SR APPLICATION FORM

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passport size
photograph

Advt. No. _____

(1) Name in full [IN BLOCK LETTERS]: _____

(2) Date of Birth : _____

(3) Sex : _____

(4) Marital Status : _____

(5) Nationality : _____

(6) Address for correspondence with pin code: _____

(7) Mobile No. /Fax No. /E-mail (Mandatory): _____

(8) Permanent Address: _____

(9) If SC/ ST/ OBC/ physically handicapped: _____

(Attach certificate issued by Competent Authority)

(10) Year and result (if known) of DNB Super-Specialty Entrance Examination: _____

(11) FORMAL EDUCATIONAL QUALIFICATIONS:

Degree	Subject	Year of passing	Institution or College	University	MCI recognized
D.N.B.					
M.D. or M.S.					
M.B.B.S.					

(12) Medical Council of India registration No: _____

(13) PROFESIONAL EXPERIENCE:

Appointment	Dates		Subject	Institution or College	University
	From	To			
Lecturer					
Demonstrator or Senior Resident					
Junior Resident					
Research Fellow					
Any other post					

(14). Whether Applicant is in Service: Yes or No.
If Yes, please provide No Objection Certificate from your employer or Head of the institution.

(15) PUBLICATIONS (Give only numbers):

Type of Publication	Published	Accepted for Publication	First Author or Corresponding author
Papers in Indexed Journals			
Papers in non-Indexed Journals			
Abstracts			

(16) RESEARCH WORK EXPERIENCE IF ANY:

Awards, Fellowships and Membership of Professional Bodies.

(17) Names and complete addresses of two referees:

Referees must be familiar with the applicants work.

Please include the E-mail, Fax, and Telephone No. of the referees.

	First Referee	Second Referee
Name		
Desig- Nation		
Address		
E-mail		
Tel No		
Fax		

(18) Notice required for joining the post :

(19) DD/Bankers Cheque No. and date :

(20) Any other information you wish to add :

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(21) List of documents attached to application

[Original must be produced for verification at the time of interview]

- 1. School leaving certificate [] YES [] NO
- 2. MBBS Certificate [] YES [] NO
- 3. MD/MS/DNB certificate [] YES [] NO
- 4. Medical Council Registration certificate [] YES [] NO
- 5. Senior Residency certificate [] YES [] NO
- 6. Experience Certificate: [] YES [] NO
- 7. Three copies of best 5 publications [] YES [] NO
- 8. Demand Draft or Bankers Cheque [] YES [] NO
- 9. Others
- 10. Others

IMPORTANT DECLARATION

I declare that the information stated by me in the application is correct to the best of my knowledge.

Signature:

Name: _____ Date: _____

IMPORTANT INSTRUCTIONS

- 1. Incomplete forms will be rejected
- 2. All certificate copies will be verified with the originals at the time of interview
- 3. Suppression of any information will lead to termination of service without any intimation
- 4. Any doubts regarding the post/ form may be clarified by emailing to: dean@tmc.gov.in