

TMC – DNB / JR 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) Telephone No. /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 of DNB CET Examination : _____

(11) **FORMAL EDUCATIONAL QUALIFICATIONS :**

Degree	Subject	Year of passing	Institution or College	University	MCI recognized
M.B.B.S.					
Any other					

(12) **Medical Council of India registration No:** _____

(13) **WORK EXPERIENCE IF ANY :**

Appointment	Dates		Subject	Institution or College	University
	From	To			
Any other					
Awards					

(14) **Any other information you wish to add** :

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(15) List of documents attached to application

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

- | | | |
|---|------------------------------|-----------------------------|
| 1. School leaving certificate | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I MBBS Marksheet | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. II MBBS Marksheet | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. III MBBS Marksheet | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Medical Council Registration certificate | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Experience Certificate: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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: registrar@tmc.gov.in**