

# TMC - SR & JR APPLICATION FORM

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Advt. No. \_\_\_\_\_

Post Applied for : \_\_\_\_\_

& Department : \_\_\_\_\_

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

(2) Date of Birth : \_\_\_\_\_

(3) Sex : \_\_\_\_\_

(4) Marital Status : \_\_\_\_\_

(5) Nationality : \_\_\_\_\_

(6) Parent's / Spouse name: \_\_\_\_\_

(7) Address for correspondence with pin code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(8) Telephone No. /Mobile No. /Fax No. /E-mail, if any: \_\_\_\_\_

\_\_\_\_\_

(9) Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(10) If SC/ ST/ OBC/ physically handicapped: \_\_\_\_\_

(Attach certificate issued by Competent Authority)

## (11) FORMAL EDUCATIONAL QUALIFICATIONS :

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

(12) Medical Council of India registration No: \_\_\_\_\_

**(13) PROFESSIONAL EXPERIENCE:**

Appointment	Dates		Subject	Institution or College	University
	From	To			
Lecturer					
Demonstrator or Senior Resident					
Junior Resident					
Research Fellow					
Post-Doctoral Fellowship					
Any other					

**(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:**

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**Awards, Fellowships and Membership of Professional Bodies.**

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**(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.

	<b>First Referee</b>	<b>Second Referee</b>
<b>Name</b>		
<b>Desig- Nation</b>		
<b>Address</b>		
<b>E-mail</b>		
<b>Tel No</b>		
<b>Fax</b>		

**(18) Notice required for joining the post** : .....

**(19) Any other information you wish to add** : .....

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**(20) List of documents attached to application**

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

- 1. School leaving certificate [ ] YES [ ] NO
- 2. III MBBS Marksheet [ ] YES [ ] NO
- 3. MD/MS/DNB certificate [ ] YES [ ] NO
- 4. DM/MCh/DNB certificate [ ] YES [ ] NO
- 5. Medical Council Registration certificate [ ] YES [ ] NO
- 6. Senior Residency certificate [ ] YES [ ] NO
- 7. Experience Certificate: [ ] YES [ ] NO
- 8. Three copies of best 5 publications [ ] YES [ ] NO
- 9. Others .....
- 10. Others .....
- 11. 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**