**PRESCRIBED FORMAT FOR THE POST OF PROFESSOR IN THE DEPARTMENT OF …………………………………………………………**

**AT CHURACHANDPUR MEDICAL COLLEGE, CHURACHANDPUR**

1. Full name in Block letters :…………………………………………

Affix recent Passport size photograph

1. Father’s/Husband’s Name :…………………………………………
2. Date of Birth :…………………………………………
3. Age (as on the last day of submission of application) :…………………………
4. Gender :………………………………………..
5. Marital Status :………………………………………..
6. Permanent address in full :………………………………………..

……………………………………………………………………………………

1. Present address :………………………………………..

…………………………………………………………………………………..

1. Contact Number :………………………………………..
2. Email ID in Block letters :………………………………………..
3. Domicile State :………………………………………..
4. Category (General/ST/SC/OBC) :…………………………………………
5. Sub Category (if any) :…………………………………………
6. Details of examination passed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Examination | Name of the Institute | Name of Board/Council/University | Month & Year of Passing | % of marks obtained |
| 10+2/PUC |  |  |  |  |
| MBBS |  |  |  |  |
| MD/MS/M.Ch/DM  With speciality |  |  |  |  |
| DNB |  |  |  |  |

1. Teaching experience
2. Before Post Graduation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Post (s) held | Name of College/Institution | Period of service | | Nature of Appointment | Reason of leaving |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. After Post Graduation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Post (s) held | Name of College/Institution | Period of service | | Nature of Appointment | Reason of leaving |
| From | To |
|  |  |  |  |  |  |  |
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1. Research works & Publications:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. | Year of publication | Name of Journal including Vol/. no., Page no., etc | Title | Indicate whether 1st author or Co-author |
|  |  |  |  |  |
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1. Seminar/Workshop/Conference attended:

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Year | Name of event indicating participation level (Paper presentation etc.) | Details of presentation |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

1. Whether you have published any book or contributed a chapter in a book? If so, kindly fill the details:

|  |  |  |
| --- | --- | --- |
| Name of the Book published | Chapter contributed | Year of publication |
|  |  |  |
|  |  |  |
|  |  |  |

1. Prizes and Awards received (if any):

a.

b.

c.

20. Extracurricular activities (if any):

a.

b.

c.

21. For retired Medical Teachers from the Armed Forces Medical Services (AFMS), please fill the following details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Post (s) held | Name of College/Institution | Period of service | | Nature of Appointment | Reason of leaving |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*Note: In case the space provided in the format is not sufficient, a separate statement/sheet may be attached as Annexure*

**DECLARATION**

I, Shri/Shrimati/Kumari …………………………………… declare as under:

1. That I am unmarried/a widower/a widow
2. That I am married and have only one spouse living
3. That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
4. That I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.

AND

1. That I hereby declare that the entries made in the format are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect, my candidature/services are liable to be terminated without any notice.

Station………………

Date………………… Signature:

Full name of the applicant:

……………………………………………..

List of documents enclosed (self attested):

1.

2.

3.

4.

5.

6.

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8.

9.

10.

**NO OBJECTION CERTIFICATE**

(if applicable)

Certified that ………………………………………………….. is working as a …………………………………………. On regular/contract basis in the (PB+ GP)……………………….in the pay of P.B. Rs………………………………………..

. + G.P. Rs…………………

The Institute/College has no objection to his/her applying for the post of…………………….., …………………………………………………………….at CMC, Churachandpur.

Further, certified that in case if he/she is appointed, he/she will be released from the service of this Institute/College.

Date: Signature

Station: Head of the Institute/College

Name ……………………………

Designation……………………….

Institute/College…………………..

Seal

*Note: In case the space provided in the format is not sufficient, a separate statement/sheet may be attached as Annexure*

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Full name of the applicant:

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Station: Head of the Institute/College

Name ……………………………

Designation……………………….

Institute/College…………………..

Seal