

**APPLICATION FORM FOR THE POST OF ASSOCIATE PROFESSOR OF  
CHURACHANDPUR MEDICAL COLLEGE, CHURACHANDPUR.**

To,

**The Director,  
CMC, Government of Manipur.**

Affix recent Passport size photograph
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Sir,

I beg to submit the Application form for appointment as Associate Professor in the Department of ..... CMC, Churachandpur.

1. Full name in Block letters :.....
2. Father's/Husband's Name :.....
3. Date of Birth :.....
4. Age (as on the last day of submission of application) :.....
5. Gender :.....
6. Marital Status :.....
7. Permanent address in full :.....  
.....
8. Present address :.....  
.....
9. Contact Number :.....
10. Email ID in Block letters :.....
11. Domicile State :.....
12. Category (General/ST/SC/OBC) :.....
13. Sub Category (if any) :.....
14. 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				

15. Teaching experience

(a) Before Post Graduation

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


(b) After Post Graduation

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

16. Research works & Publications:

Sl.	Year of publication	Name of Journal including Vol/. no., Page no., etc	Title	Indicate whether 1 <sup>st</sup> author or Co-author

17. Seminar/Workshop/Conference attended:

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

18. 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

19. 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:

- i. That I am unmarried/a widower/a widow
- ii. That I am married and have only one spouse living
- iii. That I have entered into or contracted a marriage with a person having a spouse living.  
Application for grant of exemption is enclosed.
- iv. 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

- v. 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.
- 7.
- 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:  
Station:

Signature  
Head of the Institute/College

Name .....

Designation.....

Institute/College.....

Seal