

APPLICATION NO.-

DARBHANGA MEDICAL COLLEGE & HOSPITAL, LAHERIASARAI.

APPLICATION FORM FOR APPOINTMENT(CONTRACTUAL) TEACHING POST OF PROFESSOR, ASSOCIATE PROFESSOR, ASSISTANT PROFESSOR, TUTOR AND SENIOR RESIDENT IN DIFFERENT DEPARTMENT AGAINST THE ADVERTISEMENT NO. P.R. 14893(HEALTH) 2017-18.

Post and Name of Department applied for:

Name (in capitals).....Age.....Sex.....

Date of Birth

Reservation Category : () General () BC () EBC () SC () ST ()

Father's / Husband's Name :

Correspondence Address :

Permanent Address:

Affix passport size recent Photograph and self-attest in by signing across it running onto the form.

Do not sign of face.

Mobile no. : Email ID

Current Post, Place, State

Teaching Experience:

Designation	Department	Name of institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident					
Senior Resident					
Tutor					
Assistant Professor					
Associate Professor					
Professor					

Details of Publication, if any:

Educational Qualification for Medical:

Qualification	College	University	Year of Passing	Total marks/Obtained marks	Percent age of marks	Attempt	Registration no. with name of state Medical Council
1 st MBBS/1 st Professional							
2 nd MBBS/2 nd Professional							

3 rd MBBS/3 rd Professional Part-I							
3 rd Professional Part-II							
M.D/M.S/Diploma							
Subject:-----							
PhD/DNB							
Subject:-----							

Educational qualification for Dental:

Qualification (Degree) With specialty	University	Year of Passing	Marks Obtained/Full Marks	Total Failures (in words)	% of marks in BDS	% of Marks in specialty subject in which applied
BDS						
MDS (.....)						

Dental council Registration number with State Year.....Valid Till.....

Declaration by Candidate : I hereby declare that the information furnished in this application form is true , if, at any stage, it is found to be incorrect, I will be liable for administrative action including termination of my contract and initiation of legal proceedings.

Date :/...../..... Palace:

Full Signature of Candidate.....

NOTE:1. Photocopy of all related documents must be attached and original of the same will be produced at the time of interview otherwise candidature will be cancelled automatically.

2. Application no. must be obtained from interview place at the time of attendance of the candidates.

..... FOR OFFICE USE ONLY

Remarks by Board Members :-

(1) Requisite Educational Qualification for the Post : Yes/ No.

(2) Requisite Teaching Experience: Yes/ No.

(3) Other Qualification/Eligibility for the post : Yes/ No.

(4) Remarks by Board members for overall walk-in-interview performance by the applicant:

Unsatisfactory/Satisfactory/Good/Excellent :

Negative Marks for Failure.....(-)ve marks,

Teaching Exp.....Years.....Marks:

Basic qualification Marks:.....

Broad specialties Marks:.....

Interview marks:

Any other Marks:

TOTAL MARKS.....(In Words also)

Signature of Board Members:

1.....2.....3.....4.....5.....