

APPLICATION FORM FOR APPOINTMENT OF CONTRACTUAL PROFESSORS/ASSOC. PROFESSORS/ASSIST.

**PROFESSOR/ TUTOR IN
S.K. MEDICAL COLLEGE, MUZAFFARPUR**

For Office Use
Appl. No.

POST APPLIED FOR: DEPARTMENT.....(1) PROFESSOR (2) ASSOCIATE PROFESSOR
(3) ASSIST. PROFESSOR (4) TUTOR IN

Name (in Capitals).....Age.....Sex.....

Date of Birth / / Date of Retirement / /

Affix Passport Size
Recent Photograph
And Self-attest it by
Signing across it
Running on to the
From.
Do not sign on face

Father's/Husband's Name:.....

Correspondence Address:

Permanent Address:

Contact no. Email ID

Aadhar no.

Current Post, Place, Employer, State

Details of last 2 postings (1).....
(2).....

Educational Qualification, Teaching Experience & Publications (as Per MCI TEQ):

Qualification	Basic (Graduation)	PG (Speciality)	Super-speciality	Teaching Experience as..... (In Months)	Publications in Indexed National Journals (attach)
Degree				Tutor/SR.....	
University				Asst Prof.....	
Year of Passing				Asso. Prof.....	
Aggregate Marks %	_____ %	_____ %	_____ %	Professor.....	

Failures (if any) _____ (in words) _____ Experience Certificate Attached Y/N
Medical Registration number _____ Year _____ State _____

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: _____ / _____ / _____ Signature of candidate _____

Remarks of Board Members on (1) Requisite Educationl Qualification for the post: Yes/No

[2] Requisite Teaching Experience: Yes/No [3] Requisite number of Publication: Yes/No

Signature of Board Members:

1 _____ 2 _____ 3 _____ 4 _____ 5 _____