

ANNEXURE-I

**APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR IN VARIOUS
DEPARTMENTS IN ABVIMS, DR. RML HOSPITAL**

1. Name in Full (Capital letters):

2. Sex:

3. Date of Birth:

4. Father's Name:

5. Category:

6. Nationality:

7. Permanent Address:

8. Address for Communication:

9. Mobile No & E-mail ID:

10. Academic Qualifications (MBBS onwards):

Name of Exam	Maximum Marks	Marks Obtained	% of Marks	No. of Attempts	Institute/ College	University	Year of passing
MBBS							
MD/MS/DNB							

DM/M.Ch.							
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11. Research Papers published, if any (Give details & proof):
12. Details of Service rendered earlier/Experience in related field:

Designation	Name of the Organization	Duration of Tenure		Total Period
		From	To	

13. Medical Registration Number:
And Place of Registration

Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of ABVIMS, Dr. RML Hospital, New Delhi.

Name & Signature of Candidate

LIST OF ENCLOSURES (ALL SELF-ATTESTED)
[The documents should be serially page numbered]

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|--|--------|
| 1. Class 10 th Certificate for age proof | () |
| 2. Mark sheet of MBBS (Part I, Part II and Final year) | () |
| 3. Internship Completion Certificate | () |
| 4. MBBS Degree | () |
| 5. MBBS Attempt Certificate | () |
| 6. Post Graduate Degree/Provisional Pass Certificate from University | () |
| 7. MD/MS (PG) Attempt Certificate | |
| 8. DM/M.Ch. Degree/Provisional Pass Certificate from University | () |
| | () |
| 9. Valid Teaching Experience Certificate for 3 years (Mandatory) | () |
| 10. DMC Registration Certificate for PG/ Proof of Registration for | |
| 11. PG Qualification under DMC | () |
| 12. Proof of Publication/presenting paper in Conference/Case Report | () |
| 13. Caste/Community/Disability Certificate (if applicable). | () |
| | () |
| 14. NOC from present employer (if employed) | () |

Signature of Candidate