

APPLICATION FORMAT FOR HONORARY DOCTORS

<u>Application for the Specialty</u>

AFFIX PASSPORT SIZE PHOTO DULY SIGNED

1. PERSONAL DETAILS:

Name in Full	
Date of Birth	
Residential Address	
Contact Nos.	
E-Mail I/D	

2. QUALIFICATIONS DETAILS:

Sr. No.	Qualifications	Branch	University/ Board	Year of Passing

3. REGISTRATION:

No. and Date	
State and the Medical Council where Regn. Is done	

4. RESEARCH PAPERS, IF ANY, SUBMITTED:

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5. ARTICLES, IF ANY, PUBLISHED:

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6. EXPERIENCE DETAILS:

Sr. No.	Name of the Organization / Hospital	Designation	From	To	Employer: Whether Private/ Govt./PSU	Total Emoluments
TOTAL EXPERIENCE (EXCLUDING INTERNSHIP)		<u>YEARS</u>		<u>MONTHS</u>		

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in event of any information being found untrue or incorrect at any stage or I am not satisfying any of the eligibility criteria stipulated, and also in case of creating influence / undue pressure regarding recruitment shall tantamount to cancellation of my candidature.

Place:

Date:

Signature of the Candidate