

# **A.S.J.S.A.T.D.S. MEDICAL COLLEGE, FATEHPUR**

## **TO BE FILLED BY CANDIDATE**

Name : .....  
Father's Name : ..... Date: .....  
Post applied for : .....  
Category : .....  
DOB : ..... Age as on .....  
Address : ..... Contact No.....

E-mail ID : .....

MBBS/BDS From : .....

MCI/DCI Registration : .....

Council:

Add Qualification : Diploma Two year PG Degree in Hospital Administration. Subject:

### **Teaching /Work Experience**

<b>S No</b>	<b>Designation</b>	<b>Institute</b>	<b>From</b>	<b>To</b>	<b>Duration</b>

### **Research Publication (only Original article in index Journal as First or Corresponding Author)**

1.

2.

3.

- Presently Working at: .....
- Time required for joining if appointed: .....

Signature of Candidate.....

Date.....



## For Official use

Documents submitted (Self attested Xerox copy)

S. No	Document	Yes/No/NA	Remarks
1	High School Certificate		
2	Caste certificate		
3	M.Sc. Subject		
4	Mark sheet MBBS/BDS 1		
5	Mark sheet MBBS/BDS 2		
6	Mark sheet MBBS/BDS 3		
7	Mark sheet MBBS/BDS 4		
8	Internship Completion		
9	MBBS/BDS Degree		
10	MCI/DCI registration of MBBS/BDS		
11	Diploma/Degree/ DNB		
12	Additional Qualification Two year PG Degree in Hospital Administration		
13	NOC from employer if employed		
14	Experience Certificates		
15	PAN Card		
16	Aadhar Card		
17			
18			
19			
20			

Documents Verified by:

**REMARKS**

### Declaration

1. I certify that above information given by me is complete and true. In the event of information being false, my application form/ appointment letter can be cancelled.
2. I certify that I have not been found guilty by any court of any offense of moral decimation nor is there any such case against me in any jurisdiction or any Court of law.

Place -

Date -

Full Name and Signature of the Applicant