

# APPLICATION FORM

1. Applicant's Name (IN BLOCK LETTERS) :

2. Father's Name (IN BLOCK LETTERS) :

3. Surname (IN BLOCK LETTERS) :

4. Application for the post of \_\_\_\_\_ in \_\_\_\_\_  
(Name of post/Specialty/ Department)

5. i) Date of Birth of Applicant :

ii) Age: (as on last date for Receipt of application)

6. Nationality: \_\_\_\_\_ 7. Religion: \_\_\_\_\_ 8. Marital \_\_\_\_\_  
Status

9. Educational/Academic Qualification:

| Examination Passed | Subjects | Year of passing | No. of attempts | University/Institution | Status of MCI recognition (attach proof) |
|--------------------|----------|-----------------|-----------------|------------------------|--|
|                    |          |                 |                 |                        |  |
|                    |          |                 |                 |                        |  |
|                    |          |                 |                 |                        |  |
|                    |          |                 |                 |                        |  |

Affix Self-attested  
Passport size  
Photograph

\* Please attach proof of Recognition of MD/MS degree by medical Council of India.

10. No. of papers published : National  
International

11. Details of prizes, Medals, Scholarships &  
National/ International Awards and Additional  
Qualification such as membership of scientific  
society etc.

12. Chronological details of appointments after obtaining qualification

| Post held | From | To | Total period | Employer's address |
|-----------|------|----|--------------|--------------------|
|           |      |    |              |                    |
|           |      |    |              |                    |
|           |      |    |              |                    |
|           |      |    |              |                    |
|           |      |    |              |                    |

13. (a) Central/State Medical Council with which the  
applicant is registered : \_\_\_\_\_

(b) Registration Number : \_\_\_\_\_

14. Permanent Address

15. Correspondence Address

15. Email:

16. Mobile No.

17. Details of enclosures attached (Please  $\checkmark$ ):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_  
8. \_\_\_\_\_

I hereby declare that I am Indian National and all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my appointment will be liable to be terminated without any reason or prior notice.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the applicant

### **CERTIFICATE BY THE PRESENT EMPLOYER**

(In case of candidate who is already in service)

Forwarded with the remarks that here is no objection to the selection/appointment of Dr. \_\_\_\_\_ to the post applied for at IKDRC-ITS, Ahmedabad.

Signature of the employer with  
Office Stamp & date

### **Check list of Enclosures**

1. Proof of Birth Date (School Leaving Certificate/Matriculation certificate)
2. Degree Certificates along with Marksheets/Passing Certificate of each degree earned from each institution of higher education
3. Experience Certificates after obtaining qualification
4. Registration Certificate of Medical Council of India (central or state) / Indian Nursing Council
5. List of the publications along with proof
6. Copies of any special achievements like official certification of distinctions, prizes, medals etc. received.
7. 'No Objection Certificate' from the current employer in case applicant is already in service
8. Two passport size photographs