K .D. MEDICAL COLLEGE

HOSPITAL & RESEARCH CENTER, MATHURA

24 KM Milestone, Mathura – Delhi Road, NH #2, P.O. Akbarpur, Chhata, Distt. Mathura- 281406

APPLICATION FORM

(For Teaching Faculty and Residents)

1. Application for the post of : ……
2. Department : ……
3. Name of the Applicant : ……
4. Father's Name : ……
5. Mother's Name : ……
6. Date of Birth and Age : ……/……/……
7. Gender : Male / Female
8. Present Address : ……

   ……

   …… Pin ……
9. Permanent Address : ……

   ……

   …… Pin ……
10. Contact Number : ……
11. Email ID : ……
12. Photo ID : Passport copy / PAN Card / Voter ID / Aadhar Card

13. Presently Working Details

    Present Designation: _____

    Department : _____

    College : _____

    City : _____

14. **Academic Qualifications :-**

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS					
PG Diploma ( )					
MD/MS/					
DNB					
DM/MCH					
M.Sc (Medical)					
PhD (Medical)					

15. **Details of Appointment/ Teaching Experiences**

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/JR/ Demonstrator					
Registrar/ Senior Resident /Resident					
Assistant Professor					
Associate Professor					
Professor					
Dean/Principal /MS					

16. **To be filled in by Ex Army Personnel only:**

S.No.	Designation	Institution	Period	
			From	To
	Graded Specialist			
	Classified Specialist			
	Advisor			

17. Have you undergone Training in "Basic Course Workshop" at MCI Regional Centre in MET or in your college under Regional Centre observer ship ? Yes ☐ No ☐

If yes, give details.

Name of MCI Regional Centre where Training was done/If training was done in college, give the details of the observer from Regional Centre	Date and place of training

18. Number of Research publications in Index Journals:
    (a) International Journals:_____
    (b) National Journals:_____
    (c) State/Institutional Journals:_____
19. Have you been considered by MCI in any UG/PG inspection at any other medical college if yes, give details
    (a) Date of appearance in Last MCI – UG/PG/Any Other Assessment _____
    (b) Whether appeared in Last MCI – UG/PG Assessment in the same Institute – Yes/No
    (c) Whether appeared in Last MCI – UG/PG Assessment on same Designation – Yes/No
20. Time required to join if selected …….
21. Professional work efficiency / other relevant information :-

I hereby declare that the above contents in the application form are true, correct and authentic. In the event of any information submitted by me is found incorrect, my services shall be terminated immediately and appropriate authority may be informed for necessary disciplinary action.

Date ..……. (Applicant's Signature)

Place ……..

Documents to be attached with Application

S.No	Documents	Submitted	Remark
1.	Recent Passport size photo of the Employee	Yes / No	
2.	Photo ID proof issued by Govt. Authorities : Passport / PAN Card / Voter ID / Aadhar Card	Yes / No	
3.	Certified copy of present appointment order at present Institute.	Yes / No	
4.	Copy of Passport /Voter Card / Electricity Bill / Telephone Bill / Aadhar Card attached as a proof of residence.	Yes / No	
5.	Joining report at the present institute.	Yes / No	
6.	Copies of Degree certificates of UG and PG degree.	Yes / No	
7.	Copies of Registration of UG and PG degree.	Yes / No	
8.	Copy of experience certificate for all teaching appointments.	Yes / No	
9.	Relieving order from the previous institution.	Yes / No	
10.	PAN Card	Yes / No	
11.	Form 16 (TDS certificate) for the last financial year.	Yes / No	
12.	Letter head (in case of teachers who are practicing)	Yes / No	
13.	Copy of Date of Birth Certificate	Yes / No	
14	Copy of Medical Education Technology training workshop	Yes / No	
15	Reprints of Research Publication if claiming desired designation	Yes / No	

(Applicant's Signature)

For office Use

Documents :- Complete / Incomplete

Any other deficiency : -

Remark

H.R. Manager

For Selection Committee

- Selected
- Not Selected
- Remark

Chairman
Selection Committee