

GALBABHAI NANJIBHAI PATEL CHARITABLE TRUST
BANAS MEDICAL COLLEGE & RESEARCH INSTITUTE, PALANPUR

APPLICATION FORM
(For Medical Professionals)

RECENT
PHOTOGRAPH

1. Post Applied for : _____
2. Name.....
3. Date of Birth & Age
4. Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
Passport copy / PAN Card / Voter ID / Aadhar Card
Number Issued by
(a) My PAN Card No. is
(b) My Aadhar card No. is- 5. Present Designation: _____
Department: _____
College: _____
City: _____
Date of appearance in Last MCI – UG/PG/Any Other Assessment _____ in which college _____
- 6 (a) Present Residential Address :

(b) Permanent Residential Address:

- 7 Contact Particulars: Tel (Office) : _____ (with STD code)
Tel (Residence): _____ (with STD code)
E-mail address: _____
Mobile Number: _____

8. **Qualifications:**

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS					
MD/MS/DNB /PhD Subject : _____					
DM/M.Ch. Subject : _____					

Note: For PG-Post PG qualification additional Registration certificate particulars be furnished and subject be after scoring out whichever is not applicable.

9 Details of the **teaching experience** till date.

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident					
Senior Resident					
Tutor					
Assistant Professor					
Associate Professor					
Professor					

10. Number of **Research publications** in Indexed Journals:

(a) International Journals:_____

(b) National Journals:_____

(c) State/Institutional Journals:_____

DECLARATION

It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary action.

SIGNATURE OF THE APPLICANT

Date:

Place:

CHECKLIST

<u>S.No</u>	<u>Documents</u>	<u>Submitted</u>
1.	Recent Passport size photo	Yes / No
2.	Photo ID proof issued by Govt. Authorities : Passport / PAN Card / Voter ID / Aadhar Card	Yes / No
3.	Certified copies of present appointment order at present Institute.	Yes / No
4.	Copy of Passport /Voter Card / Electricity Bill / Telephone Bill / Aadhar Card / Dean's allotment letter attached as a proof of present residence.	Yes / No
4.(a)	Copy of Passport /Voter Card / Electricity Bill / Telephone Bill / Aadhar Card attached as a proof of permanent residence.	Yes / No
5.	Joining report at the present institute.	Yes / No
6.	Copies of Degree certificates of MBBS and PG degree.	Yes / No
7.	Copies of Registration of MBBS and PG degree.	Yes / No
8.	Copy of experience certificate for all teaching appointments held before joining present institute.	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 U.G. recognized teacher letter from affiliated University.	Yes / No
14	Copy of P.G. recognized teacher letter from affiliated University.(for P.G. Assessment)	Yes / No
15	Copy of Aadhar Card	Yes / No