

KALYAN SINGH GOVERNMENT MEDICAL COLLEGE

Application Form for Faculty positions

Advertisement Number and Date.....

SubjectPost.....(for which the application is being made)

Note: - All information must be completed by the applicant.

Self Attested
Photo

1- Name of Applicant.....

2- Male / Female.....

3- Father / Husband's Name (including Surname).....

4- Present Address of Residence (including PIN code).....

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Name of the City..... Phone No.....

Mobile NumberEmail ID.....

5- Permanent address.....

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Name of the City..... Phone No.....

Mobile Number.....

6- Aadhar card number.....

7- Date of birth (enclose the mark sheet of high school examination).....

8- Age of applicant as on 01-07-2023..... Day..... Month..... Year.

9- Applicant's Marital Status- Married / Unmarried.....

10-Category: Unreserved / Scheduled Caste / Scheduled Tribes / Other Backward Classes
/EWS/Disabled.....

(Attach photocopy of certificate issued by competent authority for reserved category)

11-Registration Number and Name of the Medical Council and Date.....

a- MBBS-.....

b- MD/ MS-.....

c- MCH/ DM.....

d- Others

12- Educational Qualifications: (Enclose attested photo copies of certificates and marks sheets).

degree	Name of college	Name of University	Year of passing	No of attempts	% of marks
MBBS/BDS					
MD/MS/MDS					
MSc (Medical)					
PhD (medical college) Please specify if working elsewhere during PhD					
Super-specialization					

14. Experience details: (in MCI/NMC approved/recognized colleges only)

No.	Designation	From (Date)	Upto (Date)	Duration (in Yrs/mth/dy format)	Name of the Institution
1	Professor				
2	Associate Professor				
3	Asstt. Professor				
4	Senior resident/ Sr Tutor				
5	Tutor / Demonstrator				

(Attach experience certificates)

15. Research Publications: - (List most relevant publications – in original article category)

		Name of article	Case series/Meta-analysis/ original article	Name of Journal	Year in which published	Indexing agency-PI specify: (DOAJ, Scopus/pubmed /SCI /Copernicus /index Medicus/ICI /SCI, Expanded embase	Impact factor
As SR	1						
	2						
As Asst Prof.	3						
	4						
As Assoc. Prof	5						
	6						

Please mention 2 relevant publications in each designation here and submit a copy of 1st page of original article as published in the journal along with journal home page showing indexing of journal for confirmation of eligibility. Without this the publications will not be considered.

Extra publications may be attached as a list in separate sheet in this format only.

13-If candidates are serving in Government/ Quasi Government or Public Sector medical colleges, they are advised to submit 'No Objection Certificate' from their employer, failing which their candidature may not be considered.

14- List of attached certificates as per checklist.....

Place.....

Date.....

Full name and Signature of the Applicant

// Announcement //

1. I certify that the 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.

Place.....

Date.....

Full Name and Signature of the Applicant

Checklist

Name of applicant:.....SubjectPost

- | | |
|--------------------------------------------------------------------------------------------|--------------------------|
| 1. Demand Draft | <input type="checkbox"/> |
| 2. Self-Attested Photographs | <input type="checkbox"/> |
| 3. Aadhar Card & PAN Card | <input type="checkbox"/> |
| 4. Category Certificate | <input type="checkbox"/> |
| 5. DOB Certificate /High School Certificate | <input type="checkbox"/> |
| 6. UG, PG Degree | <input type="checkbox"/> |
| 7. Copy of Marksheets | <input type="checkbox"/> |
| 8. Attempt Certificate | <input type="checkbox"/> |
| 9. UG & PG Registration certificates | <input type="checkbox"/> |
| 10. Experience Certificates | <input type="checkbox"/> |
| 11. Research Publications with copy of home page showing indexing | <input type="checkbox"/> |
| 12. Certificate of completion of Basic Course In Biomedical Research as per NMC guidelines | <input type="checkbox"/> |
| 13. Certificate of completion of Basic course in MET as per NMC guidelines | <input type="checkbox"/> |
| 14. NOC if in Government/Quasi Govt. /Public sector Service | <input type="checkbox"/> |
| 15. Teachers eligibility certificate for said post from NMC (if available) | <input type="checkbox"/> |

Place:

Signature of the applicant

Date:

Instructions for sending form and relevant documents:

1. Send by Registered post/ speed post only
2. Last date upto which forms will be accepted: 15th May, 2023
3. Please superscribe on envelope:

Name of candidate:

Post applied for:

Subject for which applied:

4 Address for sending forms:

**Principal
Kalyan Singh Govt Medical college
4th Floor, Kasturba Mahila chikitsalaya (new Building)
Civil Lines
Near Kala Aam
Bulandshahr- 2030001
UP**

Forms with incomplete/ incorrect details regarding education/ experience /publication/name of Journal/Name of Indexing agency shall not be considered for the interview.