

under:

**FORMAT**

Advertisement No.....

Application for the post and dept. of .....at Rajendra Institute of Medical Sciences, Ranchi-09.

PHOTO

1. APPLICANT'S NAME (In block letters) : .....

2. FATHER'S/HUSBAND'S NAME (In block letters):-.....

3. DATE OF BIRTH : .....

4. SEX..... 5. NATIONALITY .....

6. RELIGION : ..... 7. CATEGORY (Write whether Category out of Gen/ST/SC/BC-I/BC-II).....

8. ADDRESS (Including Pin Code No., Mobile No. & Email)

i. CORRESPONDENCE: .....

ii. PERMANENT : .....

9. EDUCATIONAL QUALIFICATIONS (Starting from matriculation) :

S.No.	Examination (s) passed	Name of College/ Institute	Board/University	Yr. of Passing with marks(%)	No. of attempts

10. TEACHING/ WORK EXPERIENCES:

S.No.	Name of College/ Institute	Post held	From	To	Total duration

11. NO. OF PAPERS PUBLISHED: NATIONAL ----- INTERNATIONAL -----

12. No. of Oral/Poster papers presented in conference. NATIONAL ----- INTERNATIONAL -----

13. Regn. No.: CENTRAL / STATE MEDICAL COUNCIL (Attached proof):: .....

14. DETAILS OF APPLICATION FEE: Bank Name & Branch ----- UTR of NEFT No. with Date ----- Amount -----

15. LIST OF SELF ATTESTED COPIES OF TESTIMONIALS WITH PAGE NO OF ENCLOSURES: .....

16. DECLARATION:

I,.....S/o, W/o.....do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, I hereby convey my consent for cancellation of my candidature.

Place:

Date:

Signature of the Candidate

Director,

Rajendra Institute of Medical Sciences, Ranchi.

21/11/2020

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