

**Application Form**

**Advertisement Number and Date** .....  
**Post** ..... (The Post for which the application is being made)

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

1. Name of Applicant .....
2. Male/Female .....
3. Father/Husband's Name (including Surname) .....
4. Present Address of Residence (including PIN code) .....  
.....  
.....  
Name of the City ..... Phone No .....
- Mobile No ..... Email ID .....
5. Permanent Address .....  
.....  
Name of the City ..... Phone No .....
- Mobile No ..... Email ID .....
6. Adhar card number (if any) .....
7. Date of birth (enclose the mark sheet of high school examination) .....
8. Age of applicant as on 01-7-2020 ..... Day ..... Month ..... Year
9. Applicant's Marital Status:- Married / Unmarried .....
10. Date of Marriage .....
11. Category: Unreserved / Scheduled Caste/Scheduled Tribe / Other Backward  
Class / Disabled .....  
(Attach photocopy of certificate issued by competent authority of reserved category)
12. Registration Number and Name of the Medical Council and Date .....
  - a. MBBS-
  - b. MD/MS-
  - c. MCh/DM-



13. Educational Qualification: (Enclose attested photo copies of certificates and marks sheets)

No	Name of the examination	Institution/ Board/ University	Year	Subject	Marks Obtained/ Max Marks	MBBS Total marks /Percentage	effort (attempts)
1	MBBS						
2	MD/MS						
3	DM/MCh						

14. Educational Experience :-

No	Designation	From	To	Duration	Institution Name
1	Professor				
2	Associate Professor				
3	Asstt. Professor				
4	S.R./Tutor/Demonstrator				

(Attach experience certificate)

15. Research Publications:-

No	Designation	Research Publications
1	Professor	
2	Associate Professor	
3	Asstt. Professor	
4	S.R./Tutor/Demonstrator	

(Attach Photo Copy)

16. Application Fee: Demand Draft No ..... Dated ..... for RS. .... in favour of "Autonomous State Medical College Society Ayodhya" is attached in original.

17. List of attached certificates .....

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