

# AUTONOMOUS STATE MEDICAL COLLEGE, LALITPUR

## Application Format

Advertisement Number and Date.....

Post.....(The Post 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).....

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

Mobile Number ..... Email ID.....

5- Permanent address.....

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

Mobile Number.....

6- Aadhar card number (if Any).....

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-Date of marriage-.....

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

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

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

a- MBBS-.....

b- MD/ MS-.....

c- MCH/ DM.....

d- Others

13-Educational Qualifications; (Enclose attested photo copies of certificates and marks sheets)

	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						
4	Others						

14-Educational experience:-

No.	Designation	From	To	Duration	Name of the Institution
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-If candidates serving in Government/ Quasi Government or Public Sector are advised to submit 'No Objection Certificate' from their employer at the time of interview, failing which their candidature may not be considered.

17-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:.....

1. Demand Draft
2. Self-Attested Photograph
3. Aadhar Card & Pan Card
4. Category Certificate
5. DOB Certificate /High School Certificates
6. UG, PG Degree
7. UG,PG Registration
8. Experience Certificates
9. Research Publications
10. NOC if in Government Service

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**Place:**

**Date:**

**Signature of the applicant**