

AUTONOMOUS STATE MEDICAL COLLEGE, LALITPUR.

Application Format

Advertisement Number and Date.....

Post.....Department.....

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)

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						
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 | <input type="checkbox"/> |
| 2. Self-Attested Photograph | <input type="checkbox"/> |
| 3. Aadhar Card & Pan Card | <input type="checkbox"/> |
| 4. Category Certificate | <input type="checkbox"/> |
| 5. DOB Certificate /High School Certificates | <input type="checkbox"/> |
| 6. UG, PG Degree | <input type="checkbox"/> |
| 7. UG,PG Registration | <input type="checkbox"/> |
| 8. Experience Certificates | <input type="checkbox"/> |
| 9. Research Publications | <input type="checkbox"/> |
| 10. NOC if in Government Service | <input type="checkbox"/> |

Place:

Signature of the applicant

Date:

