



**AMC Medical Education Trust**

Phone No. 26579185

Affix your  
latest Passport  
size  
Photograph  
duly self  
attested

**APPLICATION FORM**

Application No.  Post Applied For:

1. Name in full \_\_\_\_\_

Father's /Husband's Name \_\_\_\_\_

2. Present Address \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Permanent Address \_\_\_\_\_

Tel. No. \_\_\_\_\_

3. Age (in years)  Date of Birth  Place of Birth \_\_\_\_\_

4. Category Applied for (OPEN / SC / ST / SEBC):  
(Endorse certificate from competent authority.)

5. Full particulars of General and Technical qualifications acquired commencing from S.S.C./H.S.C./MBBS/BDS/PG or equivalent examination. (Please mention about the successfully completed courses only.)

Name of Exam. Degree or Course	School/College/ University	Year of Passing	Class/ Division	Principal subjects offered	Merit/ rank & % of Marks

(a) Any professional/other training taken detail with duration and name of institute:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Details of membership of any professional/academic Institute.

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7. Expected starting total salary including allowances: Rs.\_\_\_\_\_ (per Annum)

8. When can you join if offered an appointment? \_\_\_\_\_

9. Details of the previous appointment / teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator					
Registrar/ Sr.Residency / Resident					
Assistant Professor/Reader					
Associate Professor					
Professor					

10. No. of Research publication in Journals: (attach separate sheet of details)  
International:\_\_\_\_\_ National:\_\_\_\_\_ State/Other:\_\_\_\_\_

11. Are you having service agreement/Bond with your present employer?   
If yes, please mention period etc. and give details separately.

12. Have you been abroad?   
If yes, please mention countries visited with purpose & duration.

13. Languages known

Mother tongue \_\_\_\_\_

Language	Speak	Read	Write

14. Physiology Details:

Height	Cms	Weight		Sex	
Religion		Nationality		Domicile	
Marital Status		No. of Children			
Disability of permanent nature or chronic illness, if Any					
Identification marks					
Wearing Glasses? If yes please mention Number & Duration.					

15. Please name two references who are not your relative and who can certify about your work and conduct.

(1)	(2)
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16. Any other relevant Information

I solemnly declare that the particulars furnished in this application are true and correct. I clearly understand that any misstatement of fact contained herein or willful concealment of any material fact will render me liable to appropriate action as may be decided by AMC MET.

**Place:**

**Date :**

**Signature .....**

- N.B.** (1) Candidate should furnish with this application true copies of all the certificates, testimonials of education qualification from S.S.C. onwards and experience etc. duly certified by Gazetted Officer.
- (2) Application with incomplete information will not be accepted.
- (3) The application should be in the candidate's own handwriting.
- (4) A candidate who is employed elsewhere should forward the application through his/her employer and should attach a certificate from the employer that he/she has been permitted to apply for the post in question, otherwise the application will not be considered.

## ENCLOSURES

<b>Sr. No.</b>	<b>Documents</b>	<b>Submitted</b>
1	Proof of Birth Date	Yes / No
2	Caste Certificate	Yes / No
3	1 <sup>st</sup> MBBS /BDS Mark Sheet[including mark sheet of failure]	Yes / No
4	2 <sup>nd</sup> MBBS/BDS Mark Sheet[including mark sheet of failure]	Yes / No
5	3 <sup>rd</sup> MBBS/BDS Mark Sheet [including mark sheet of failure]	Yes / No
6	MBBS/BDS Attempt Certificate	Yes / No
7	MBBS/BDS Degree Certificate	Yes / No
8	PG Degree Certificate	Yes / No
9	PG Attempt Certificate	Yes / No
10	Letter from head of institute regarding recognized degree	Yes / No
11	Copies of Registration of MBBS/BDS and PG Degree	Yes / No
12	Teaching Experience Certificate	Yes / No
13	Copies of Publications	Yes / No
14	Copy of PAN Card	Yes / No

**Signature of Applicant**