

**Office of the Principal, Autonomous State Medical College  
Piprola, Shahjahanpur, Uttar Pradesh, Pin-242001**

**Email: principalsmeshah@gmail.com**

**Website: www.smeshah.in**

**Application Format**

Advertisement Number and Date: .....

Post Applied ..... 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 ..... Email. ID .....
6. Aadhar Card number .....
7. Date of Birth (enclose the mark sheet of high school examination) .....
8. Age of applicant as on 01-07-2020 ..... Day ..... Month ..... Year.
9. Applicant's Marital Status- Married/Unmarried .....
10. Date of marriage .....
11. Category: Unreserved / Scheduled Caste / Scheduled Tribes / Other Backward Classes  
/ 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-
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	Number of attempt (s)
1	MBBS						
2	MD/MS						
3	MD/MCH						

14. Educational Experience:-

No.	Designation	From	To	Duration	Institution Name	Recognized by MCI
1	Professor					
2	Associate Professor					
3	Assistant Professor					
4	S.R./Tutor/Demonstrator					

(Attach experience certificate)

15. Research Publications:-

No.	Designation	Number	Research Publications as per Vancouver reference style
1	Professor		
2	Associate Professor		
3	Assistant Professor		
4	S.R./Tutor/Demonstrator		

(Attach Photo Copy, only 1<sup>st</sup> Page & Maximum 10 Pages)

16. Application Fee Demand Draft No. .... Dated ..... Bank Name ..... for Rs. 500/- in favor of Principal, Autonomous State Medical College, Shahjahanpur. Payable at Shahjahanpur-242001 is attached in original.

17. List of attached certificates .....

// 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 .....

Signature of the Applicant

.....

Full Name