

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

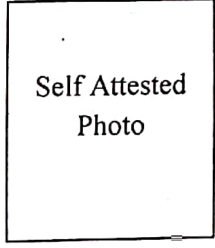
Email: principalsmeshah@gmail.com

Website: www.smeshah.in

Application Format

Advertisement Number and Date:

Post Applied Department



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

1. Name of Applicant
2. Male/Female
3. Father/Husband's Name (Including Surname)
4. Present Address of Residence (including PIN code)
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- Name of the City Phone No.
- Mobile Number Email. ID
5. Permanent Address
-
-
- Name of the City Phone No.
- Mobile Number 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 01-07-2019 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
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 1st Page)

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

Place

Date

Signature of the Applicant

.....

Full Name

// 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