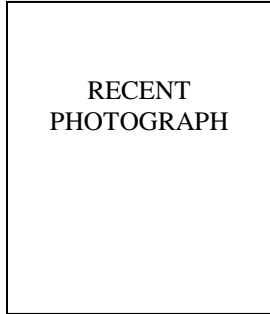


Application for the post of: _____ Department _____

MAHARAJA AGRASEN MEDICAL COLLEGE, AGROHA (HISAR)

1. Name
2. F/H Name.....
3. Date of Birth & Age(Age).....



4. Present Residential Address:-

5. Permanent Residential Address :-

6. Contact Particulars: Tel/ Mobile (Office) : _____ (with STD code)
Tel/ Mobile (Residence): _____ (with STD code)
E-mail address: _____
Mobile Number (Personal): _____

7. Qualifications:

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS					
MD/MS/DNB /PhD Subject : _____					
DM/M.Ch. Subject : _____					

8. Details of the teaching experience till date.

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident					
Senior Resident					
Tutor					
Assistant Professor					
Associate Professor					
Professor					

9. Number of Research publications in Index Journals:

5. (a) International Journals: _____

5. (b) National Journals: _____

5. (c) State/Institutional Journals: _____

10 My PAN Card No. : _____

11 My Aadhar card No. : __|__|__|__ / __|__|__|__ / __|__|__|__|

12 Present Designation & Employer Detail:

Designation _____ D.O. J. _____

Department _____ Name of Institute / College _____

Date: ____/____/20____

Place: _____

SIGNATURE

Enclosures:-

1. Recent Passport size photo 2. Photo ID proof issued by Govt. Authorities: Passport / PAN Card / Voter ID / Aadhar Card 3. Copies of Degree certificates of MBBS and PG degree 4. Copies of Registration of MBBS and PG degree 5. Copy of experience certificate for all teaching appointments.