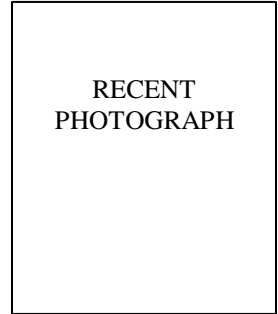


Application for the post of: _____ Department _____

MAHARAJA AGRASEN MEDICAL COLLEGE, AGROHA (HISAR)

1. Name
2. F/H Name.....
3. Date of Birth(Age).....
4. Category (Gen./SC/BC-A/BC-B/PHC).....



5. **Present Residential Address:-**

6. **Permanent Residential Address:-**

7. Contact Particulars: Mobile Number (Personal): _____

E-mail address: _____

8. **Qualifications:**

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

9. 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:

- (a) International Journals: _____
 (b) National Journals: _____
 (c) State/Institutional Journals: _____

10 PAN Card No. : _____

11 Aadhar card No. : _|_|_|_| / _|_|_|_| / _|_|_|_|

12 Present Designation & Employer Detail (if any):

Designation _____ D.O. J. _____

Department _____ Name of Institute / College _____

Date: ___/___/20___

Place: _____

SIGNATURE

Enclosures:-

- Recent Passport size photo
- Photocopy of PAN Card
- Photocopy of Aadhar Card
- Photocopies of Matriculation(10th) certificate, MBBS and PG degree
- Copies of Registration of MBBS and PG degree
- Copy of experience certificate & Publications for teaching appointments.