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**MAULANA AZAD NATIONAL INSTITUTE OF TECHNOLOGY BHOPAL- 462003**

(An Institution of National importance under Ministry of Education, Govt. of India)

**APPLICATION FORM FOR THE POSITION OF VISITING MEDICAL OFFICER (MD) ON CONTRACT**

# Name of the candidate (in BLOCK letters):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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1. **Father’s name:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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# Address:

|  |  |
| --- | --- |
| **Address for correspondence:** | **Permanent address:** |
|  |  |
| **PIN:** | **PIN:** |
| **Mobile No:** | |
| **Email ID:** | |

1. **Date of Birth:** [*DD/MM/YYYY*] \_\_ / \_\_ / \_\_

# Nationality:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **6.** | **Gender:** | □ | Male | □ | Female |  |
| **7.** | **Marital status**: | □ | Unmarried | □ | Married |  |
| **8.** | **Category:** | □ | SC | * □ST | * □OBC | * □General |

1. **Educational qualification (please give particulars of all examination passed from 10th standard/ matriculation onwards):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Exam. passed** | **Institute/ University** | **Year of**  **Passing** | **Division** | **Percentage**  **(%)** |
| 1 |  |  |  |  |  |
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# Working experience (if any):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name & Address of**  **Employer** | **Post held** | **Period** | | **Pay**  **Details** | **Nature of**  **Employment** |
| **From** | **To** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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1. **Any additional information you intend to add** [attach separate sheet wherever necessary]**:**

# DECLARATION

I solemnly declare that the entries in this form are true to the best of my knowledge and belief. If any information in my application is found to be false/wrong/fabricated, then I will be solely responsible for the rejection of my application/candidature.

# Date: / /

## **Place:** (Full Signature of the applicant)

## **Note:** Please enclose self attested copy of all the relevant documents along with the application form and submit it through Email at [recruitment@manit.ac.in](mailto:recruitment@manit.ac.in)