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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 |  |  |  |   |  |
| 2 |  |  |  |  |  |
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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