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## DAYANAND MEDICAL COLLEGE & HOSPITAL LUDHIANA



### APPLICATION FORM FOR FACULTY

**PLEASE FILL IN LEGIBLE HANDWRITING**

Recent coloured  
Passport size  
Photograph

Post applied for \_\_\_\_\_

Discipline \_\_\_\_\_

DMCH Advt. date \_\_\_\_\_

1. Name (BLOCK LETTERS) : \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_  
(As per school leaving certificate)
3. State to which the candidate belongs : \_\_\_\_\_
4. Father's Name : \_\_\_\_\_  
Occupation : \_\_\_\_\_
5. Mother's Name : \_\_\_\_\_  
Occupation : \_\_\_\_\_
6. Spouse's Name (if married) : \_\_\_\_\_  
Occupation : \_\_\_\_\_
7. Address
  - i) Permanent : \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 STD Code \_\_\_\_\_ Phone No. \_\_\_\_\_
  - ii) Correspondence : \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 STD Code \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Mobile \_\_\_\_\_ Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_

8. Examinations passed (Graduation onwards) including Post-graduate examinations in chronological order. (Certificates from competent authorities must be attached with the application stating that the MBBS/MD/MS/DM/MCh etc. degrees obtained by the candidate are duly recognized by the Medical Council of India).

Degree / Diploma	Subject (for postgraduate exams only)	Year of Passing	Attempt	Institute	University

9. Work experience, in chronological order.  
(All experience quoted below must be supported by certificates from competent authorities, attached with the application).

Designation	From	To	Duration	Employer/ Institution	Reasons For leaving

10. Present Pay Scale : Rs. \_\_\_\_\_  
 Allowances : Rs. \_\_\_\_\_  
 Total : Rs. \_\_\_\_\_

11. Have you been outside India ? If so give the following particulars  
(Attach sheet if necessary) (Encl. No. \_\_\_\_\_)

Countries visited					
Dates of visit with duration					
Purpose of visit					

12. Have you obtained a No Objection Certificate from your present employer ? : Yes / No

13. If selected, what notice period would you require before joining ? : \_\_\_\_\_
14. Mention language(s) you can
- a. Speak : \_\_\_\_\_
- b. Read and write : \_\_\_\_\_

15. PUBLICATIONS **Number**
- (a) Publications in international journals included in the international data bases. \_\_\_\_\_
- (b) In Indian indexed journals included in the international data base i.e. Medline/Index Medicus/Pubmed/Popline etc. \_\_\_\_\_
- (c) In Indian National Indexed Journals included in the National databases i.e. Indmed \_\_\_\_\_
- (d) Journal not included in any Medical databases, but published In journals of National Societies/Professional Associations \_\_\_\_\_
- (e) Books and chapters in books \_\_\_\_\_
- (f) Other publications. \_\_\_\_\_

Note : Give details on a separate sheet under sub-headings as above. For each publication give the name of the article, journal, year, volume, page numbers and names of all authors; please underline your name. DO NOT ATTACH REPRINTS BUT BRING THEM AT THE TIME OF INTERVIEW.

16. ACADEMIC ACHIEVEMENTS : Nil / Details attached  
(Provide detailed lists). Encl. No.
- a) Membership of academic bodies held with position. \_\_\_\_\_
- b) Papers presented in conferences (mention title of paper, details of conference, place, year) \_\_\_\_\_
- c) Training courses attended (mention details, place, duration, year) \_\_\_\_\_
- d) Conferences/workshops attended (mention details, place, year) \_\_\_\_\_
- e) Scientific activities conducted / organized (mention details, position held, year) \_\_\_\_\_
- f) Editorial activities for journals (mention role, name of journal, year) \_\_\_\_\_
- g) Research work in any specific area of interest. \_\_\_\_\_
- h) Other important academic activities \_\_\_\_\_
17. Other information indicating your suitability for the post applied for. (attach sheets if required).

18. Name and complete address of two referees who know you well and can testify regarding your suitability for the post applied for :

a. Name : \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pin Code : \_\_\_\_\_ Telephone : \_\_\_\_\_

Fax : \_\_\_\_\_ E-Mail : \_\_\_\_\_

b. Name : \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pin Code : \_\_\_\_\_ Telephone : \_\_\_\_\_

Fax : \_\_\_\_\_ E-Mail : \_\_\_\_\_

**SOLEMN DECLARATION:**

I hereby solemnly declare and affirm that the information given on this form is true and complete to the best of my knowledge and belief and that I have not withheld or misrepresented or concealed any thing which would affect my employment in the institution. I also understand and agree that if any information is found to be false or incorrect, at any stage, my employment shall be liable to summary termination, without any notice or compensation.

Dated \_\_\_\_\_

\_\_\_\_\_  
**(Signature of the applicant)**

Place \_\_\_\_\_

## CHECK LIST OF ENCLOSURES

(Attach attested photostat copies only)

Enclosure No.	Tick	
_____		Complete Bio-data
_____	<input type="checkbox"/>	Matriculation Certificate for Date of Birth
_____	<input type="checkbox"/>	MBBS First Professional Marks Sheet
_____	<input type="checkbox"/>	MBBS Second Professional Marks Sheet
_____	<input type="checkbox"/>	MBBS Final Professional (Part-I) Marks Sheet
_____	<input type="checkbox"/>	MBBS Final Professional (Part-II) Marks Sheet
_____	<input type="checkbox"/>	MBBS Degree
_____	<input type="checkbox"/>	Diploma Certificate
_____	<input type="checkbox"/>	M.D/M.S Degree & Pass out Certificate
_____	<input type="checkbox"/>	MCh/DM Degree
_____	<input type="checkbox"/>	Certificates regarding MCI approval of degrees (Number : )
_____	<input type="checkbox"/>	Permanent Registration Certificate (UG qualification)
_____	<input type="checkbox"/>	Permanent Registration Certificate (MD/MS qualifications)
_____	<input type="checkbox"/>	Permanent Registration Certificate(DM/MCh qualifications)
_____	<input type="checkbox"/>	Experience Certificates (Number : )
_____	<input type="checkbox"/>	No Objection Certificate from previous employer
_____	<input type="checkbox"/>	List of Publications
_____	<input type="checkbox"/>	Synopsis (attached herewith)
_____	<input type="checkbox"/>	Relieving order from previous employer
_____	<input type="checkbox"/>	Pan Card
_____	<input type="checkbox"/>	Aadhaar Card
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	