

INSTITUTE OF INTEGRATED MEDICAL SCIENCES (GOVERNMENT MEDICAL COLLEGE), PALAKKAD

East Yakkara, Palakkad-678 013 Phone:0491-2974125/2973125

E-mail ID:gmcpkd.cedn@kerala.gov.in)

APPLICATION FOR FACULTY SELECTION

| 1.Discipline(s) and Post(s) applying for: | | 3.Space to paste, not staple your recent passport color phot self – signed at the front. | | |
|--|-------------------------------|--|---|--------------------------|
| 2.Name of the Applicant: (in block letter) | | | | |
| 4. Permanent Address: | 5. Address for Communication: | 6.Contact Email Id | | |
| 7. Current employment /engagement | | | | |
| 8. Employer | | 10. Religion &Caste | | |
| 11. Date of Birth | DD | MM | YYYY | 12. Nationality |
| 13. Age as on the day first January of the year in which applications are invited. | Y | M | D | 14. Native State: |
| 16. Educational Qualification & Marks: | | | | |
| Examination | Institution board/university | Year/month of passing | Maximum marks(without extra-optional subjects/marks secured(without extra optional subjects.) | % Of marks secured. |
| Class -10 | | | | |
| Class-12 | | | | |
| MBBS/M.Sc. | | | | |
| MD/MS/DNB | | | | |
| DM/MCh | | | | |
| 17.Medical Registration | Registration No. | Name of Council | Degrees registered | Valid upto (date) |
| | | | | |

18. List of publication: (may use multiple sheets).

| Sl. No. | Title of Publication | Whether original research article or not | Journal(full Name/Volume/Year/Date of Publication) | Authorship details(first/Second/Corresponding) | Print or E-Journal | Indexing details indexing agency | Enclosures Number(a. cover page of Journal/evidence of indexing details, all pages of the publication) | For Office Use. | |
|------------------------|----------------------|--|--|--|--------------------------------|----------------------------------|--|-----------------|------------------------|
| | | | | | | | | Remarks | Accepted not accepted. |
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| | | | | | | | | | |
| Signature of Candidate | | | | | Signature of Scrutiny officer. | | | | |

| 19. Teaching Experience (from past to recent.) | | | | | | |
|--|-------------|-------------|------------------------|--------|----|-------|
| Sl.No. | Designation | Institution | Whether MCI recognised | Period | | |
| | | | | From | To | Total |
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20. Documents enclosed: (self attested Photocopies) : (Tick and Serially number and arrange those enclosed.)

| | | | |
|---|--|--|--|
| 1. HSC/Matriculation Certificate | | 8. Attempt certificate for each Qualifying examination | |
| 2. MBBS/M.Sc. Pass Certificate | | 9. Certificate of Medical Registration | |
| 3. Internship completion Certificate | | 10. Teaching Experience certificate. | |
| 4. MD/MS/DNB/ Pass certificate | | 11. Recent Service Certificate. | |
| 5. DM/M.Ch Pass Certificate | | 12. Photo Identity Card(adhaar Card/Voter ID/PAN Card. | |
| 6. Marksheet of each qualifying examination | | 13. List of publications with enclosures | |
| 7. No objection certificate. | | | |

21. Declaration:

I, Dr..... hereby declare that, all the information provided in this application are true to the best of my knowledge: in case anything turns out to be false my candidature for the post of applied for will be forfeited anytime during or after the selection to the post and I shall be liable for disciplinary action as deemed.

Full Signature of Applicant.....

Date:.....Place:.....