## Annexure- 1

## APPLICATION FORM FOR THE CONTRACTUAL APPOINTMENT AT SHILLONG MEDICAL COLLEGE 2024

Affix Passport Size Photo

| 1.  | Post applied for: ASSOCIATE PROFESSOR/ PROFESSOR  |  |
|-----|---|--|
| 2.  | Department applied for:                           |  |
| 3.  | Name:   |  |
| 4.  | Date of Birth:                                    |  |
| 5.  | Gender:   |  |
| 6.  | Father's/Guardian's Name:                         |  |
| 7.  | Address for Communication:                        |  |
|     |   |  |
|     |   |  |
| 8.  | Contact No and Email ID:                          |  |
| 9.  | Educational Qualifications:                       |  |
|     |   |  |
| 10. | ). Registration No. with name of Medical Council: |  |
|     |   |  |
| 11. | l. Present Designation:                           |  |
|     |   |  |
|     |   |  |

## 12. Academic Records (MBBS/MD Equivalent Examinations):

| Name of the            | University/Board | Year of | Percentage(%) | University Topper in Academic |                                |
|------------------------|------------------|---------|---------------|-------------------------------|--------------------------------|
| Examination            |                  | Passing | of marks      | MBBS (Exit                    | Honours/Distinction/University |
|                        |                  |         | obtained      | Examination/3rd               | medal                          |
|                        |                  |         |               | professional MBBS             |                                |
|                        |                  |         |               | Part II                       |                                |
|                        |                  |         |               | Examination),MD/MS            |                                |
|                        |                  |         |               | or Equivalent                 |                                |
|                        |                  |         |               | Examination                   |                                |
|                        |                  |         |               |                               |                                |
| MBBS or                |                  |         |               |                               |                                |
| Equivalent             |                  |         |               |                               |                                |
| Examination            |                  |         |               |                               |                                |
|                        |                  |         |               |                               |                                |
| ) (1 (0)               |                  |         |               |                               |                                |
| MD/MS or               |                  |         |               |                               |                                |
| Equivalent Examination |                  |         |               |                               |                                |
| Examination            |                  |         |               |                               |                                |
|                        |                  |         |               |                               |                                |
| Othoro                 |                  |         |               |                               |                                |
| Others                 |                  |         |               |                               |                                |
|                        |                  |         |               |                               |                                |

## 13. Details of previous experience in recognized medical teaching institution:

| Post                          | Name of<br>Institution | From | То | Period of Service | Nature of Appointment (Regular/Contract ual) |
|-------------------------------|------------------------|------|----|-------------------|--|
| RMO/Tutor/SR/<br>Demonstrator |                        |      |    |                   |  |
| Assistant Professor/Lecturer  |                        |      |    |                   |  |
| Associate Professor           |                        |      |    |                   |  |
| Professor                     |                        |      |    |                   |  |

| 14. No of publications (published in indexed journal as per NMC guidelines)   |
|---|
| a.National:   |
| b. International:   |
| 15. Date of publication of Result of MD/MS/Other equivalent PG examination:   |
| 16. Basic / Advanced Course in Medical Education Technology completed (Yes/No):   |
| 17. Basic Course in Biomedical Research completed (Yes/No):   |
|   |
|   |
|   |
| Full Signature with date  |
|   |
| *Self- attested photocopies of the documents should be attached.  |
|   |
|   |
| <u>DECLARATION</u>  |
| I hereby declare that all information provided in this application is true, complete, and correct to the best of my knowledge. I understand that if any information is found to be suppressed, false, incorrect, or |
| if I am deemed ineligible at any time during or after the recruitment process, my candidature or  |
| appointment may be subject to cancellation. Additionally, I confirm that I have not presented myself before any inspection by the National Medical Commission for the academic session 2025-2026.                   |
|   |
|   |
|   |
| Full Signature with date  |