**ATAL BIHARI VAJPAYEE GOVERNMENT MEDICAL COLLEGE, VIDISHA- (MP)**

**SCRUTINY PROFORMA (To be filled by Applicant)**

**Eligible/Not Eligible (To be filled by scrutiny committee)**

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| --- | --- | --- | --- |
| **Subject** | **Post** | **Category** | **Remark** |
|  |  |  |  |

**1.Name of Applicant** :- 2. **Date of Birth:- 3.Bonded/Non-bonded**

**4.Marital Status-** Married/Single -- If married (A) Age at marriage (Yrs) (B) No. of living Children

**5.Name of Present Institute-**

**Govt/Pvt**.- **Present designation - Date of joining on present designation -**

**6.Mobile No.-** 7.**Email-ID:**

**8.Total %** of Marks in MBBS / FMGE: 9.**No. of Attempt** in MBBS: 10.**No. of attempts** in MD/MS/DNB:

**11.No. of attempts** in Non Medical Degree ( MSc/PhD): 12.**No. of beds** in Hospital for DNB Candidates:

**13.Post PG(MD/MS/DNB/PhD):-** SR Ship/Tutor/Demonstrator (A) Date of joining- (B) Age at joining- (C)Total-Duration(Yrs)-

14.No. of oral paper presented in National/International Conferences: 15. Administrative experience as HOD (Y/N):

**16.No. of** written book/ Chapter: 17. **Editor/Member** of editorial board(Y/N):

18. **Awards by Govt.**( Minimum state level) (Y/N): 19.**Fellowship** in Subject & Duration:

20.Caste certificate & MP Domicile from competent authority **( If Applicable**) (Yes/No):

**Page No.- 1**

**Checklist:- Page No.- 2**

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| **S. No.** | **Available Original Documents** | **Yes / No** | **Remark** |
| **1.** | **Aadhar** Card & **PAN** Card |  |  |
| **2.** | Mark sheet /Certificate of High School/ Higher Secondary School – for proof of **Date of birth** |  |  |
| **3.** | **MBBS:** Marks Sheets of all Professionals, Attempt Certificate , Registration & Degree |  |  |
| **4.** | **MD/MS/DNB:** Marks Sheet, Attempt Certificate, Registration & Degree |  |  |
| **5.** | **For DNB Candidate:** Document for Number of beds in DNB Hospital/ Institute |  |  |
| **6.** | **For FMG Candidate:**  Attempts in UG/ PG & Score card of FMGE |  |  |
| **7.** | Certificates of **all Post-PG** Teaching Experience **till last date of submission of Application** from NMC/ MCI recognized Institute |  |  |
| **8.** | ‘**No Objection Certificate’** from present employer ( NOC is **Mandatory** for all candidates **presently** working in **Govt.** Medical College/ Institute/ Hospital/ Organization) |  |  |
| **9.** | **Form-16 from Traces/ AIS/26-AS from** Post PG/up to last 6 financial years ( **Mandatory** for all candidates **presently** working in **Pvt.** Medical College/ Institute/ Hospital/ Organization) |  |  |
| **10.** | Copy of minimum 1st page of all publications **as per NMC / MCI Norms**( **For proof of** : **Type** of article, **Serial number** of Authorship, **corresponding** author , **Date of** Publication / Acceptance, **I-**SSN &**P-**ISSN Number, DOI if available and Copy of Page Showing **Indexing if published after 02/09/2015**) |  |  |
| **11.** | **Duly-Signed** self Declaration Form & Bond Form on plain paper (as attached with scrutiny proforma) |  |  |
| **12.** | Copy of page as proof of written **book/ Chapter** If any |  |  |
| **13.** | Proof of **Editor**/**Member** of editorial board If any |  |  |
| **14.** | Certificate of Oral Presentation in National/International Conferences If any |  |  |
| **15.** | Certificate of Administrative experience as **HOD** if any |  |  |
| **16** | Certificate of received **Awards by Govt.**(Minimum state level) if any |  |  |
| **17.** | Certificate of **Fellowship done** if any |  |  |
| **18.** | Caste certificate&MP Domicile from competent authority ( **If Applicable**) |  |  |
| **19.** | **For PhD:** Certificate of PhD granted by recognized medical college/Institute and **as regular on campus course** in concern subject & total Duration to complete PhD |  |  |
| **20.** | Any other relevant documents |  |  |

**(Copy of all documents to be self attested and attached in serial number)**

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**Teaching Experience: Page No.- 4**

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| **Post** | **Name and address of Institute** | **Recognized by NMC/MCI**  **(Yes/No)** | **From** | **To** | **Total Duration** | **No. of Publication as per NMC/MCI Norm** |
| **Post-MD/**  **MS/DNB:**  **SRShip/ Tutor/ Demonstrator** |  |  |  |  |  |  |
| **Assistant Professor** |  |  |  |  |  |  |
| **Associate Professor** |  |  |  |  |  |  |
| **Professor** |  |  |  |  |  |  |
| **Others:** |  |  |  |  |  |  |

**(Copy of all documents to be self attested and attached in serial number)**

I declare that I am eligible as per latest NMC norms for the post I have applied for and I declare that all the above provided information is correct to the best of my knowledge. If I am unable to submit required document as mentioned in above checklist or any information given above is found incorrect at any time, then my candidature/appointment/service shall be cancelled/terminated with immediate effect and I am liable for any action taken against me (including judicial).

**(Signature of Applicant) Documents Checked by (Signature of Scrutiny Officer)**

**Name of Applicant: ……………………….. Name of Scrutiny Officer:………………….**

**Date and Place: …………………………….. Date and Place:…………………………………**

**………………………………………………………. ………………………………………………………….**

**Note**- (1) In case of any objection , applicant can meet in person within 3 working days of this notification at Dean office, ABV GMC Vidisha .

(2) Signature of candidate with date is mandatory on all pages of scrutiny pro forma .

(3) last date of submission of application for this recruitment is cutoff date for all publication & all experiences.

(4) All candidates are required to download the word file of this scrutiny pro forma (page. No 1 to 7 ) & send duly filled scrutiny pro forma within 3 days of this notification via email at [deangmcvidisha@gmail.com](mailto:deangmcvidisha@gmail.com)

(5) Attached all declaration forms (page. No 8 to 10 ) should also be downloaded, filled & properly signed

(6) **On day of scrutiny-** all short listed candidates are required to bring hard copy of duly filled scrutiny proforma (page. No 1 to 7 ), declaration forms (page. No 8 to 10 ) along with all required original Documents, one set of self-attested copies of all required Documents (arranged in sequence as mentioned in checklist) andtwo recent passport size colour photos for submitting to the scrutiny committee.

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**SCRUTINY PROFORMA FOR PUBLICATIONS Page No.- 6**

**Name of Applicant: Applied for Post: Department:**

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| **S. No.** | **Post during which publication occurs** | **Title**  **( & DOI link if Available)** | **Type of article** | **Name of Journal & N/Int (National/ International)** | **Date of Publication/ Acceptance/**  **(DOP /DOA)** | **\*Name of Indexing if published after 02/09/2015** | **PSSN No./ISSN No.** | **As Ist/IInd/IIIrd /Corresponding author** | **Remark by scrutiny committee of ABVGMC Vidisha** |
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Copy of Page Showing **Indexing as per NMC/MCI if published after 02/09/2015**) e.g. **1. SCOPUS , 2. PUB MED, 3.MEDLINE, 4.EMBASE/ EXCERPTA MEDICA, 5.INDEX MEDICUS, 6. INDEX COPERNICUS ,7. PUB MED Central, 8. Science Citation Index Expanded, 9. DOAJ**

I declare that the information given above is correct to the best of my knowledge. If the provided information found incorrect at any time then my candidature/appointment/Service shall be cancelled/terminated with immediate effect.

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| **SIGNATURE OF CANDIDATE** |

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| **Signature , Name of Scrutiny Committee member & date** |

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