**ATAL BIHARI VAJPAYEE GOVERNMENT MEDICAL COLLEGE, VIDISHA**

**OPPOSITE KHEL PARISAR , VIDISHA- (MP) PINCODE 464001, CONTACT NO. 07592 - 297254**

**APPLICATION PROFORMA (To be filled by Applicant) Last date of submission:- 22/02/2024**

|  |
| --- |
| **Self Attested Photo** |

**Post:- ……………………………………., Subject:-………………………………….,Category:-……………**

1. Name of Applicant :- ……………………………………………………………………………………………...

Gender :- Male/Female/Other ………………………………………………………………………………..

Name of Father/Husband(with surname):- ……………………………………………………………..

Date of Birth (Attach Certificate):-…………………………………………………………………………..

Age on 01/01/2024:- ………….. Days …..……. Month …..…… Years

Aadhar No.:- ……………………………………………………………………………………………………………..

2. Name of Present Institute:- ……………………………………………………. Bonded/Non-bonded:- .…………..……

Govt/Pvt.:- ………………............ Present designation:-…………………………………….........................................

Date of joining on present designation:- ……………………………………………………………………………………………

3. Corresponding address (with pincode):- ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

4. Permanent address (with pincode):- …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…

5.Mobile No.- …………………………………………… 6.Email-ID: ………………………………………………………..………..

7. Marital Status- Married/Single -- If married (A) Date of marriage :- ……………………………………….…..……

(B) Age of self & Spouse at time of marriage (Yrs)……………………..….….… & ………………………………………..…

(C) No. of living Children with date of birth:- ………………………………………………………………………………………..

8. Details of Application Fee Receipt:- ……………………………………………………………….……………………………….

9**. Academic Qualification:-**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No** | **Name of Examination** | **Name of Institute/ University** | **Pass out Year** | **Subject** | **Marks Scored/Total**  **(…..%)** | **No. of Attempt** |
| 1. | MBBS Ist Prof |  |  |  |  |  |
| 2. | MBBS IInd Prof |  |  |  |  |  |
| 3. | MBBS Final –I |  |  |  |  |  |
| 4. | MBBS Final –II |  |  |  |  |  |
| 5. | MD/MS/DNB |  |  |  |  |  |
| 6. | McH/DM |  |  |  |  |  |

10. No. of beds in Hospital for DNB Candidates:-………………………………………………………………….……

11. Total % of Marks in MBBS / FMGE:- ………………………………………………………………………….…………..

12. Post PG (MD/MS/DNB/PhD):- SR Ship/Tutor/Demonstrator

(A) Name of Institute: - ……………………………………………………………………………………………………………….

(B) NMC Recognized (Yes/No) ……………….….. (C) Date of joining:- …………………………….………………

(D) Age at joining- …………………………………… (E)Total-Duration (Yrs) - ……………………………………….

13. **Details of Medical Council**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of Medical Council | Registration No | Date |
| MBBS |  |  |  |
| MD/MS/DNB/PhD |  |  |  |
| DM/MCH |  |  |  |

14. **Teaching Experience**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Post | Name 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)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | Accepted/ Not by Subject Expert (Sign/ Name) | Remark by scrutiny committee of ABVGMC Vidisha (Sign/Name) |
| 1. |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |
| 7  . |  |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |  |

15**. PROFORMA FOR PUBLICATIONS**

**Mention only original research articles/papers/meta-analysis/systemic reviews/case series**

**Mention only original articles as first/second/ Third or Corresponding author**

**Copy of Page Showing Indexing as per NMC/MCI if published after 02/09/2015)**

16. Attach the certificate of completion of basic course in medical education technology and basic course in biomedical research (mandatory for the post of Professor and Associate Professor)

17**. Additional Achievement:-**

|  |  |
| --- | --- |
| Written book/ Chapter |  |
| Editor/Member of editorial board |  |
| Oral Paper Presentation in National/International Conferences |  |
| As President /Secretary -Organized Conference National / State |  |
| Received Awards by Govt. (Minimum state level) |  |
| Administrative experience as HOD |  |
| Fellowship in Subject & Duration |  |
| Others |  |

**Faculty Advertisement No**………………………………………………………………………………………………………

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 and documents are correct to the best of my knowledge. I also declare that no investigation/criminal case is pending against me at present and also never convicted by any court/ institute. I also declare that in last two year I never refused to join after selection as faculty in any Govt. Medical College of MP. If I am unable to submit required document 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).

**Date & Place Signature & Name of Applicant**

**Note:- Signature of Applicant is mandatory on all pages of application form .**

**17. Checklist:-**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Available Original Documents ( To be tick by Candidate in this column)** | **To be filled by Scrutiny Officer/Member in this column** | |
| **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. | Certificate of completion of basic course in medical education technology and basic course in biomedical research |  |  |
| 12. | Duly-Signed self Declaration Form & Bond Form on plain paper (as attached with scrutiny proforma) |  |  |
| 13. | Copy of page as proof of written book/ Chapter If any |  |  |
| 14. | Proof of Editor/Member of editorial board If any |  |  |
| 15. | Certificate of Oral Presentation in National/International Conferences If any |  |  |
| 16 | Certificate of Administrative experience as HOD if any |  |  |
| 17. | Certificate of received Awards by Govt.(Minimum state level) if any |  |  |
| 18. | Certificate of Fellowship done if any |  |  |
| 19. | Caste certificate & MP Domicile from competent authority ( If Applicable) |  |  |
| 20. | 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 |  |  |
| 21. | Any other relevant documents |  |  |

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

**Signature of Scrutiny Officer/Member**

**Signature of Applicant (who Checked all Documents )**

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

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