



Banas Medical College & Research Institute, Palanpur

General Hospital Campus, Simla Gate, Palanpur -385001(Gujarat)

Managed by Galbabbhai Nanjibhai Patel Charitable Trust

Telephone: 02742-253881, Fax No: 02742-252723

Letter of Permission issued by Ministry of Health & Family Welfare, Govt. of India dated 31.05.2018

Email: banasmcri@gmail.com

www.bmcricol.co.in

APPLICATION FORM

RECENT
PHOTOGRAPH

1. Post Applied for:.....
2. Name.....
3. Date of Birth & Age
4. Submit Photo ID proof issued by Govt. Authorities:

Pan Card/Voter ID / Aadhar Card

(a) My PAN Card No. is _____.

(b) My Aadhar card No. is _____.

(c) My Voter ID No. is _____

5. Category: OPEN / SEBC /SC / ST / EWS: GENDER: Male / Female:

6 Present Residential Address:

7 Contact Particulars:

E-mail address: _____

Mobile Number: _____

8. **Qualifications:**

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS					
MD/MS/DNB DIPLOMA/MSc /PhD Subject : _____					
DM/M.Ch. Subject:					

Note: For PG-Post PG qualification additional Registration certificate particulars be furnished and subject be after scoring out whichever is not applicable.

9 Details of the **teaching experience** till date.

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident					
Senior Resident					
Tutor					
Assistant Professor					
Associate Professor					
Professor					

10. Number of Research **publications** in Indexed Journals:

(a) International Journals:_____

(b) National Journals:_____

(c) State/Institutional Journals:_____

DECLARATION

It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary action.

SIGNATURE OF THE APPLICANT

Date:

Place:

CHECK-LIST

<u>S.No</u>	<u>Documents</u>	<u>Submitted</u>
1.	Recent Passport size photo	Yes / No
2.	Photo ID proof issued by Govt. Authorities : Passport / PAN Card / Voter ID / Aadhar Card	Yes / No
3	Copies of Degree certificates of MBBS and PG degree.	Yes / No
4	Copies of Registration of MBBS and PG degree.	Yes / No
5	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes / No
6	Cast certificate	Yes / No
7	Research Publication as per MCI Guideline	Yes / No
8	Any Others (details)	Yes / No