**North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong, Mawdiangdiang**

# Note: TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICANT MUST BE SENT DULY ‘TYPED’ (IN DUPLICATE), SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.

**Advertisement No :………………………………………………………………**

Paste here self attested latest photograph

# Post applied for :………………………………………………………………………..

**Payment Receipt No.:……………………………….. Date:………………………….**

1. (a) Full Name (BLOCK LETTERS):………………………………………………………………………….

(b) Marital Status: Married/Unmarried

2. Father’s/Husband’s Name:…………………………………………………………………………………..

3. (a) Mailing Address:…………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………… PIN:………………………….. Tel.No.:………………………………………… Mobile No.:…………………………………………… Fax No.:………………………………………………………….. E-mail:………………………………………………………………………

(b) Permanent Address:…………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………… PIN:………………………….. Tel.No.:………………………………………… Mobile No.:…………………………………………… Fax No.:………………………………………………………….. E-mail:………………………………………………………………………

4. a) Date of Birth: ( ) ( ) ( )

(Date) (Month) (Year)

b) Age (as on last date of submission of application):( ) ( ) ( )

(Years) (Month) (Days)

c) Sex: (Male/Female):………………………………… d) Nationality:………………………………………

e) State of Domicile:…………………………………… f) Religion:……………………………………..……

5. Whether belongs to (GEN/SC/ST/OBCs/EWS) :……………………………………………………………………………….

*(Please attach attested copy of caste certificates)*

1. a) Registration No. with the Medical Council:…………………………………………………………………….

b) State in which registered:……………………………………………………………………………………………………………..

1. Educational Qualifications:

(Please attach attested copies of certificates/degrees in support of your qualifications)

* 1. Undergraduate Career

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Examination  Passed | Year of  Passing | No. of  attempts | Class/Division | University/Institution |
| Matric/SSC |  |  |  |  |
| Intermediate/HSC |  |  |  |  |
| B.Sc. |  |  |  |  |
| MBBS/BDS |  |  |  |  |
| 1st Profl. |  |  |  |  |
| 2nd Profl. |  |  |  |  |
| 3rd Profl. |  |  |  |  |
| Final Profl. |  |  |  |  |

* 1. Postgraduate Career

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Examination  Passed | Year of  Passing | No. of  attempts | Class/Division | University/Institution |
| MD/MS/MDS |  |  |  |  |
| DM/M.Ch. |  |  |  |  |
| DNB |  |  |  |  |
| M.Sc. |  |  |  |  |
| Ph.D. |  |  |  |  |

1. Teaching/Research Experience: (Please attach attested copies of experience certificates)
   1. Before obtaining Postgraduate Qualification:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Post Held (Indicate  Temporary/Permanent) | Period | | Total Period | | | Pay Scale | Employer’s Address |
|  | From | To | Years | Months | Days |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

* 1. After obtaining Postgraduate Qualification:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Post Held (Indicate  Temporary/Permanent) | Period | | Total Period | | | Pay Scale | Employer’s Address |
|  | From | To | Years | Months | Days |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. Details of Prizes, Medals, Scholarships & National/International Awards etc.:
2. Additional qualification such as membership of scientific society etc.:
3. Research experience, if any, together with details of published works in indexed journals

Number of papers:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Published | | Accepted for  publication | Presented at  conference |
|  | Indexed | Non Indexed |  |  |
| National |  |  |  |  |
| Inter-National |  |  |  |  |

12. Chapter in books/books edited:……………………………………………………………………………………………………

13. a) Present employment/post held:……………………………………………………………………………………….

b) Pay Scale:…………………………………………………………………………………………………………………………

c) Total emoluments drawn:………………………………………………………………………………………………..

d) Address of present employer:………………………………………………………………………………………….

e) Whether No Objection Certificate from the Employer is attached, if not, reason thereof:

1. Are you willing to accept the minimum initial pay offered? If not, state what is the exact initial pay you would accept in the prescribed scale?
2. If selected, what notice would you require before joining:
3. Have you been outside India for Academic Purpose? If so, give following information:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Country visited | Dates of visit | | Duration of visit | | | Purpose of visit |
|  | From | To | Years | Months | Days |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. State the foreign languages you know:

|  |  |  |  |
| --- | --- | --- | --- |
| Foreign Language | Can read | Can write | Can speak |
|  |  |  |  |
|  |  |  |  |

1. Give below the names/particulars of two referees from your speciality who are in a position to testify from personal knowledge to your fitness for the post.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. | Name | Status | Address | Phone/Mobile No. | E-mail |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

Note : i. You should have worked under one of the referees for at least two years.

* 1. They must not be related to you.
  2. They must not be members of the Selection Committee of the Institute

1. I attach attested copies of certificates/degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-I.**
2. Self-evaluation of your work, particularly its strengths in different field of activity including patient-care, teaching, research and administrative, related to the job, which, in your view, entities you to the post applied for may be given in **Annexure-II.**
3. Please submit alongwith your application, the photocopies of your publications which you consider ‘**BEST’** as under:-
4. For the post of Professor : (1 copy each of 10 best publications)
5. For the post of Associate Professor and

Assistant Professor : (1 copy each of 5 best publications)

Date:……………………………………….

Place:……………………………………… Signature of the candidate

**Declaration by the candidate**

Post applied for at NEIGRIHMS, Shillong.

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof. I am not aware of any circumstance which might impair my fitness for employment under the Government.

Date:……………………………………….

Place:……………………………………… Signature of the candidate

# DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

I Son/daughter/wife of

resident of Village/Town/City/District State Community (certificate enclosed) hereby declare that I belong to the community which is recognized as a backward class by the Govt. of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93-Estt(SCT) dated 8.9.1993. It is also declared that I do not belong to the persons/sections (creamy layer) mention in Column 3 of OM No.36012/22/93-Estt(SCT) dated 8.9.1993 and modified vide Govt. of India, Department of Personnel and Training OM No.36033/3/2004-Estt(Res) dated 9.3.2004.

Date:……………………………………….

Place:……………………………………… Signature of the candidate

Note: The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

# Candidates already employed should get the following endorsement signed by his/her present employer (appointing authority).

1. Certified that Dr./Shri/Smt./Kumari \_ holds a

post of in this

department/office/institution/organization. I have no objection to his/her application being considered for the post.

1. Certified that he/she submitted his/her application to the department/office/institution/organization on for onward transmission to the NEIGRIHMS, Shillong.

Date:……………………………………….

Place:……………………………………… Signature ……………………………………………………..

Designation…………………………………………………..

Office Stamp………………………………………………….

**Annexure-I**

**List of enclosures: (Required under column 19 of the application)**

|  |  |  |
| --- | --- | --- |
| **Sl.No.** | **Particulars of enclosures** | **Marked page(s)** |
| 1 | Birth Certificate |  |
| 2 | Matriculation certificate |  |
| 3 | B.Sc. |  |
| 4 | MBBS/BDS/M.Sc. certificate |  |
| 5 | MD/MS/MDS certificate |  |
| 6 | DNB/DM/M.Ch./Ph.D certificate |  |
| 7 | Experience certificate (s) |  |
| 8 | Community certificate (SC/ST/OBC/PWD/EWS) |  |
| 9 | Registration with Medical Council Certificate |  |
| 10 | Any other relevant certificate (s) |  |

# Annexure-II North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong

**Post applied for :…………………………………………………………………………………………………………………….**

**SELF EVALUATION**

(Require under Column 20 of the application)

Date:……………………………………….

Signature of the candidate

# SPACE FOR OFFICE USE:

1. Whether applied through proper channel? Yes/No
2. The candidate is within age limit/overage by Yrs months days
3. Remarks

# BRIEF OF CANDIDATE FOR DIRECT RECRUITMENT

Name :…………………………………………………………………………………………… Category:…………………………

Post:………………………………………. Specialty:…………………………………………… date of birth:………………………………

# Qualifications:

|  |  |  |  |
| --- | --- | --- | --- |
| Degree | Year of passing | No. of attempts | Institution |
| MBBS |  |  |  |
| MD/MS |  |  |  |
| DM/M.Ch. |  |  |  |
| DNB |  |  |  |
| M.Sc. |  |  |  |

**Experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| Level/Designation | Duration | | Organization/Institution |
|  | From | To |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Paper Published:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Indexed | Non Indexed | Accepted for  publication | Presented at conference |
| National |  |  |  |  |
| Inter-National |  |  |  |  |
| Total |  |  |  |  |

**Awards/Recognitions:**

# Chapter in Books:

**Any other information:**

# Notice period required for joining: