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

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

Αc	vertisement No :		
	st applied for :		Paste here self attested latest
Pa	yment Receipt No.: Date: Date:	photograph	
1.	(a) Full Name (BLOCK LETTERS):(b) Marital Status: Married/Unmarried		
2.	Father's/Husband's Name:		
3.	(a) Mailing Address:		
	PIN:Tel.No.:E-mail:	Mobile No.:	
	(b) Permanent Address:		
	PIN: Tel.No.: E-mail:	Mobile No.:	
4.	a) Date of Birth: () () () ()) (Year)	
	b) Age (as on last date of submission of application):(_	(Years) (Month)	() (Days)
	c) Sex: (Male/Female):e) State of Domicile:	d) Nationality: f) Religion:	
5.	Whether belongs to (GEN/SC/ST/OBCs/EWS) :(Please attach attested copy of caste certificates)		
6.	a) Registration No. with the Medical Council: b) State in which registered:		

7.	Educational Qualifications:
	(Please attach attested copies of certificates/degrees in support of your qualifications)

a) Undergraduate Career

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

b) Postgraduate Career

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

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

Post Held	Per	iod	Total Period		Pay Scale	Employer's	
(Indicate							Address
Temporary/Permanent)							
	From	То	Years	Months	Days		

b) After obtaining Postgraduate Qualification:

Post Held (Indicate	Per	iod	Total Period		Pay Scale	Employer's Address	
Temporary/Permanent)							
	From	То	Years	Months	Days		

9. Details of Prizes, Medals, Scholarships & National/International Awards etc.:

- 10. Additional qualification such as membership of scientific society etc.:
- 11. Research experience, if any, together with details of published works in indexed journals Number of papers:

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

12.	Chapter in books	/books edited:
 .	Chapter in Sooks	/ DOOKS Careca

- 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:
- 14. 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?
- 15. If selected, what notice would you require before joining:
- 16. Have you been outside India for Academic Purpose? If so, give following information:

Country visited	Dates	of visit	D	Duration of visit		Purpose of visit
	From	То	Years	Years Months Days		

17. State the foreign languages you know:

Foreign Language	Can read	Can write	Can speak

18. 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.

SI.	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.

- ii. They must not be related to you.
- iii. They must not be members of the Selection Committee of the Institute

- **19.** I attach attested copies of certificates/degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-I.**
- **20.** 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.**
- entities you to the post applied for may be given in **Annexure-II.**21. Please submit alongwith your application, the photocopies of your publications which you consider '**BEST'** as under:
 i) For the post of Professor

 ii) For the post of Associate Professor and

 Assistant Professor

 i (1 copy each of 5 best publications)

 Date:......

Place:.....

Declaration by the candidate

Post applied forat NEIGRIHMS, Shillong.

Signature of the candidate

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

<u> </u>	Son	ı/daughter/wife of	
resider	nt of Village/Town/City/District		
State_	Community	(certificate enclosed)	nereby
		community which is reco	
contair	ned in Department of Personnel and Table 8.9.1993. It is also declared that I do not	or the purpose of reservation in services as per Training Office Memorandum No.36012/22/93-Es belong to the persons/sections (creamy layer) men dated 8.9.1993 and modified vide Govt. of	tt(SCT tion ir
	tment of Personnel and Training OM No.3		muia
		Signature of the candidate	:
		on will be treated as the date of reckoning for OBC e candidate does not fall in the creamy layer.	status
Са	, , ,	he following endorsement signed by his/her prese appointing authority).	nt
1.	Certified that Dr./Shri/Smt./Kumari	ho	olds a
		in	this
	department/office/institution/organiza considered for the post.	tion. I have no objection to his/her application	being
2.	Certified that he/she s	ubmitted his/her application to	the
	department/office/institution/organiza to the NEIGRIHMS, Shillong.	tion onfor onward transm	iission
Data			
		Signature	
riace		Signature	••••
		Designation	
		Office Stamp	

Annexure-I

<u>List of enclosures: (Required under column 19 of the application)</u>

SI.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)	

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

Post applied for :	
SELF EVALU	<u>ATION</u>
(Require under Column 2	.0 of the application)
ate:	
ate	Signature of the candidate
	orgradure or the currendate
PACE FOR OFFICE USE:	
Whether applied through proper channel?	Yes/No
The candidate is within age limit/overage by	
3. Remarks	- — ·

BRIEF OF CANDIDATE FOR DIRECT RECRUITMENT

Name : Ca				Categ	tegory:		
Post:	Specialty	/:		date of	birth	1:	
Qualifications:							
Degree	Year of passir	ng	No. of atte	empts	Ins	stitution	
MBBS							
MD/MS							
DM/M.Ch.							
DNB							
M.Sc.							
Experience:							
Level/Designation		Dur	ation		Or	Organization/Institution	
	From		То				
Paper Published:							
	Indexed	Non I	ndexed	Accepted publication	for	Presented at conference	
National							
Inter-National							
Total							
Awards/Recogniti	ons:						
Chapter in Books:							
Any other informa	ntion:						
Notice period requ	uired for joining:						