

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, <u>Director's Block, Mawdiangdiang, Shillong.</u>

(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

Note: TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUSTBE

SENT DULY 'TYPED', SUPPORTED WITH ATTESTED COPIES OF TESTIMONIA	LS.
Advertisement No :	Paste here self attested latest
Post applied for :	photograph
Payment Transaction Receipt No.: Date:	
(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.:	
(b) Permanent Address:	
PIN: Tel.No.: Mobile No.:.	
E-mail:	
4. a) Date of Birth: () () () (Date) (Month) (Year) b) Age (as on last date of submission of application):() () (Years) (N) () 1onth) (Days)
	lity:
 Whether belongs to (GEN/SC/ST/OBCs/EWS/PwBD): (✓ wherever applicable (Please attach attested copy of caste certificates) 	cable)
6. a) Registration No.: (NMC/State Medical Council/others) (✓ wherever	
b) State in which registered:	

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

Examination	Year	of	No.	of	Class/Division	University/Institution
Passed	Passin	g	attem	pts		
Matric/SSC						
Intermediate/HSC						
Graduate						
(MBBS/B.Tech/ B.E						
(Electrical) etc.						
Post Graduate						
(MD/MS/M.Sc)						
Ph.D.						

8. Experience: (Please attach attested copies of experience certificates)

6. Experience, (Flease a	ttacii attest	cu copics o			•	T	
Post Held	Period		Total Period		Pay Scale	Employer's	
(Indicate							Address
Temporary/Permanent)							
	From	То	Years	Months	Days		

- 9. Details of Prizes, Medals, Scholarships & National/International Awards etc.:
- 10. Research experience, if any, together with details of published works in indexed journals Number of papers:

	Published		Accepted for publication	r Presented a conference
	Indexed	Non Indexed		
National				
Inter-National				

11.		ease submit photocopies of your publications in books/books edited:			
12.	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:			
	-	ling to accept the minimum initial pay offered? If not, state what is the exact initial pay accept in the prescribed scale?			
14.	If select	ed, what notice would you require before joining:			
15.	I attach attested copies of certificates/degrees in support of age, category, qualification and experience etc. as per list enclosed Annexure-I.				
		Signature of the candidate			

Declaration by the candidate

Post applied for	at NEIGRIHMS, Shillong.
I hereby declare that the above information is t knowledge and belief. I have not suppressed an understand that my candidature is liable to	ny material, fact or factual information. I
statement/discrepancy in the particulars being det event, my services are liable to be terminated with am not aware of any circumstance which might in	ected and after my appointment in such an hout any notice to me or reasons thereof. I
Government.	
Date:	
Place:	Signature of the candidate

DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

	Son/daugl	nter/wife of	
resident of Village/Town/Cit	y/District	State	
Community	(certificate	enclosed) hereby declare	that I belong to the
com	nmunity which is reco	ognized as a backward cla	ss by the Govt. of India
for the purpose of reservation	n in services as per c	orders contained in Depart	ment of Personnel and
Training Office Memorandur	n No.36012/22/93-Es	stt(SCT) dated 8.9.1993. It	is also declared that
do not belong to the persons	/sections (creamy lay	er) mention in Column 3 c	of OM No.36012/22/93
Estt(SCT) dated 8.9.1993 and	l modified vide Govt.	of India, Department of	Personnel and Training
OM No.36033/3/2004-Estt(R	es) dated 9.3.2004.		
Data			
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 presentemployer (appointing authority).

1.	Certified that Dr./Shri/Smt./Kumari	holds a
	post of	in this department/ office/
	institution/ organization. I have no objection	on to his/ her application being considered for
	the post.	
2.	Certified that he/she submitted I	his/herapplication to the department/
	office/ institution/ organization on	for onward transmission to the
	NEIGRIHMS, Shillong.	
Place:		Signature
		Designation
		Designation
		Office Stamp
		•

Annexure-I

<u>List of enclosures: (Required under column 15 of the application)</u>

SI. No.	Particulars of enclosures	Marked page(s)
1	Birth Certificate	
2	Matric/SSC	
3	Intermediate/HSC	
4	Graduate (MBBS/B.Tech/B.E (Electrical) etc.	
5	Post Graduate (MD/MS/M.Sc)	
6	Ph.D.	
7	Experience certificate (s)	
8	Community certificate (SC/ST/OBC/PwBD/EWS) (✓ wherever applicable)	
9	Registration with NMC/State Medical Council/others	
10	No Objection Certificate (NOC)	
11	Any other relevant certificate(s)	

Date:	
Place:	Signature of the candidate