

APPLICATION FORMAT:

**North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Mawdiangdiang,
Shillong – 793018**

Advertisement No..... dated.....

APPLICATION FOR THE POST OF :-.....

1. Full Name in Block letters :-.....

2. Father/Husband Name :-.....

3. Address for Communication,
Contact No. & E-mail :-

.....

.....

4. Permanent Address :-.....

.....

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5. Date of Birth. :-.....

6. Age as on :-.....Yearsmonthsdays

7. Nationality (State whether by Birth or by Domicile) :-.....

8. Category (Whether you belong to Gen/ST/SC/OBC (Non-creamy layer) :-.....

9. Details of Examination passed from Matriculation/School leaving certificate onwards:

| Name of the Course | Year of Passing | Class/Rank | Institution | University |
|--------------------|-----------------|------------|-------------|------------|
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10. Other Qualification:

| Name of Training | Institution/Organisation | India/Abroad | Duration |
|------------------|--------------------------|--------------|----------|
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11. Experience:

| Job Title | Institution | Post(s) held | | Duration Years/Months | Nature of duty/Teaching & Non- Teaching | Reason of Leaving |
|-----------|-------------|--------------|----|--------------------------|--|-------------------|
| | | From | To | | | |
| | | | | | | |
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Whether No Objection Certificate from the Employer is attached, if not, reason thereof:

12. Number of Publication:

a) National..... b) International.....

13. Conference/CME attended:

i) ii)

14. MCI Registration No

i) MBBS ii) MD/MS/DNB iii) DM/M.Ch.....

Declaration:

I hereby declare that the entries made in this form as above is true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/services are liable to be terminated without any notice.

Signature of Applicant

Place

Date: