

APPLICATION PROFORMA

Annexure – D

Page – 01

| | | | |
|---------------------|--|----------------|--|
| Post applied | | Subject | |
|---------------------|--|----------------|--|

| | | |
|--|--|--------------|
| FULL NAME In Capital letters | <hr/> | M / F |
| POSTAL ADDRESS | <hr/> <hr/> <hr/> City : _____ Dist. : _____ Pin code : _____ | |
| CONTACT DETAILS | Phone : _____ Cell No. _____ (With STD code) e-mail : _____ | |
| BIRTH DATE (Attach SLC) | in Numerical : _____ / _____ / 19 in Words : _____ Completed Age (on last day of applications) : Years - _____ Months - _____ Days - _____ | |

QUALIFICATIONS (Attach all relevant Certificates)

| COURSE | Name of the Course | Board / University | Passing Year | % of Marks | Class / Grade |
|--------------------------------|--------------------|--------------------|--------------|------------|---------------|
| HSC | | | | | |
| UG | | | | | |
| PG (Speciality) | | | | | |
| Super Speciality (if any) | | | | | |
| PhD / PG Dip. (if any) | | | | | |
| OTHER (Please Specify) | | | | | |
| OTHER (Please Specify) | | | | | |

| EXPERIENCE | | | | | | |
|--|---------------------|--------------------------------|----------------------|----|----------|------------------------------------|
| (Attach all relevant Certificates & Approvals. Starting form Present / Latest Job at Sr. No. 01) | | | | | | |
| Sr, No , | NAME of the COLLEGE | Designatio n / Post held | Period of Experience | | | MUHS Approval Letter No. & Date |
| | | | From | To | Duration | |
| 01 | | | | | | |
| 02 | | | | | | |
| 03 | | | | | | |
| 04 | | | | | | |
| 05 | | | | | | |

| Sr. No, | Research Activities / Paper Publications (State Briefly. Attach Separate list & details, if required.) | Tick the appropriate box | | |
|------------|--|--------------------------|-------------------|---------------------|
| | | State Level | National Level | Inter-Natl Level |
| 01 | | | | |
| 02 | | | | |
| 03 | | | | |
| 04 | | | | |
| 05 | | | | |

| | | |
|--|------------------------|----------------|
| Registration | State Council : | Other : |
| MUHS Activities (State Briefly) | | |
| Other Activities (State Briefly) | | |

1. Attach all relevant attested copies of certificates.

2. Attach separate sheet, if required.

Date :**Signature :**

SCRUTINY SHEET

Annexure – D

(To be filled in & Scrutinized by the College)

Page – 03

1. Post applied : _____ Subject : _____

2. Full Name : _____
(Surname First)

| Date of Birth as per School Leaving Certificate | Age as on Last day | | Maximum Age Limit | Remarks / Concession / Relaxation if any | Eligible / Not Eligible |
|---|--------------------|--------|-------------------|--|-------------------------|
| | Years | Months | | | |
| / / 19 | | | | | |

| Sr. No. | Educational Qualifications | Year of Passing | Grade / Class | Percentage | Whether has Requisite Qualifications / Grade | Eligible / Not Eligible |
|---------|----------------------------|-----------------|---------------|------------|--|-------------------------|
| 1 | UG | | | | | |
| 2 | PG | | | | | |
| 3 | PhD / PG DIP / etc | | | | | |
| 4 | OTHER | | | | | |

| Sr. No. | Approved Experience | Period of Experience | | | Whether has Requisite Experience in Cadre | Eligible / Not Eligible |
|---------|-------------------------|----------------------|----|----------|---|-------------------------|
| | | from | to | Duration | | |
| 1 | As Professor | | | | | |
| 2 | As Reader | | | | | |
| 3 | As Lecturer | | | | | |
| 4 | As Tutor / Demonstrator | | | | | |
| 5 | As Professional | | | | | |

| Level | No. of Publications / Research / Titles | Accreditations received, If any | Whether as per Relevance | Remarks | Eligible / Not Eligible |
|---------------|---|---------------------------------|--------------------------|---------|-------------------------|
| International | | | | | |
| National | | | | | |
| State | | | | | |

| MCH Registration No. | Valid Yes / No | Other Registration / Memberships | Remarks | Eligible / Not Eligible |
|----------------------|----------------|----------------------------------|---------|-------------------------|
| | | | | |

| Eligible / Not Eligible | Over all remarks with reason if not eligible, | Signatures of scrutiny committee members with their Names | | |
|-------------------------|---|---|-----------|----------|
| | | Member | Principal | Chairman |
| | | | | |