

APPLICATION PROFORMA

Annexure – D

Page – 01

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

FULL NAME In Capital letters		Sex
		M / F
POSTAL ADDRESS	_____ _____ _____	
	City :	Dist. : Pin code : .
CONTACT DETAILS	Phone : _____ (With STD code)	Cell No. _____
	e-mail : _____	
BIRTH DATE (Attach SLC)	in Numerical : / / 19	
	in Words : _____	
	Completed Age (on last day of applications) : Years - Months - Days -	
Religion :	Category : SC / ST / VJ / NT / SBC / OBC / OPEN	Cast :

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	Designation / Post held	Period of Experience			MUHS Approval Letter No. & Date
			From	To	Duration	
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

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				
06				
07				
08				
09				

Registration	State Council MCIM No.:-	Other :
MUHS Activities (State Briefly)		
Other Activities (State Briefly)		

1. Attach attested copies of all necessary documents. Please attach separate sheet, if required.
2. Attach attested copy of Caste Certificate & Caste Validity Certificate, if applying for Reserved Posts.
3. Attach the copy of Non – Creamy Layer Certificate for current Financial Year, wherever applicable.
4. In – service candidates shall apply through proper channel or submit NOC at the time of Interview.
5. Application should be complete in all respect. Write Not Applicable in the column which are blank.
6. Incomplete Applications, Applications without / or un-attested copies of documents will be rejected.

Date :

Applicant's 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				
/ /						
Post whether Reserved	Information Of candidate					Eligible / Not Eligible
	Category	Cast	Cast certificate	Validity certificate	Non creamy Layer	
Yes / No			Yes / No	Yes / No	Yes / Not applicable	

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 / 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