

1) NEW REGISTRATION :

- For New Registration click on New Registration Menu
- Select **Advertisement number, Post Applied For and Belongs to Category**
- All the **field are mandatory to fill for New Registration / New Application.**



TATA MEMORIAL CENTRE

टाटा स्मारक केंद्र

A Grant-in-Aid Institution Under Department of Atomic Energy Govt. of India

प ऊ वि भारत सरकार का एक सहायता अनुदान प्राप्त संसाधन



[Instructions](#) [New Registration](#) [Login](#) [Forgot Password](#) [Search Application](#)

NEW REGISTRATION

Important Instructions

New Applicants Please Fill following information to generate application number.

Note: All fields are mandatory to fill.

- 1) Paid (Except Physically Handicapped, SC, ST, Female candidate & Ex-Servicemen) & submitted application will be accepted.
- 2) Incomplete & wrongly filled application will not be accepted.

Screen to Check Eligibility

Application No: (Note down System Generated No. After Registration):

Select Advt No:

Post Applied For:

You Belongs to :

Last Date of Application:

Age as on Advt. Last Date:

Personal Information

Title:

Middle Name:

Date of Birth:

Mobile No :

Nationality :

Ex serviceman :

Have You applied for employment in TMC :

Confirm Password :

Verification Code :



First Name :

Last Name:

Gender:

Email ID :

Whether PHYSICALLY HANDICAPPED :

Employee Type :

Password :

Pancard Number :

Verification Code :

REGISTER

CLEAR

➤ After Successful Registration you will receive email with credentials

TMC - Online Registration Details Inbox x

 **TMC - Tata Memorial Centre** 10:27 (8 hours ago)   

to me ▾

Dear KAILAS RATHOD

Application Number : Test/2022/1234

Password : Test@123

Date & Time : 27-06-2022 10:27:16

You have successfully completed your Primary registration of the online application process in TMC (Tata Memorial Centre)

To complete the remaining stages of the application process, you will require to login in to the online application module and pay the application fee (if applicable).

Click here to login : https://tmc.gov.in/Non_Medical/fm_Login.aspx

All the information pertaining to this recruitment will be available on the website and further correspondence will be undertaken through Email only.

Kindly note that, in case of submission of incorrect information or suppression of facts, your candidature is liable to be rejected at any stage.

H.R.D OFFICER
TATA MEMORIAL HOSPITAL

Note: This is a system generated mail.Please don't reply.

2) **LOGIN PAGE :**

➤ Login with Application Number and Password to complete the form.

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LOGIN

Login Here

Application Number :

Password :

3) HOME PAGE :

- You have to click on **Go To Screen 1 Button** to complete the form step1



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HomePersonal InfoEducation DetailsExperience DetailsOther InfoRefree DetailsFile UploadPaymentChange PasswordLogout

Kindly complete form all steps and submit application

Proceed Next To Complete Application Kindly click on Go to Screen 1 Button

Kindly click on Go to Screen 1 Button for next step

[Go To Screen 1](#)

4) PERSONAL INFORMATION PAGE :

- Here you will get your personal information details.
- You can **modify the details by clicking on update button** as below.
- Click next button to proceed **next screen**



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Applied for details

Application No :	N/VAR/2022/012/40931
Advertisement No :	VAR/2022/012
Applied for Post :	ASSISTANT PROFESSOR E (GENERAL MEDICINE)
You Belongs To :	OPEN

Personal Information

Title: <input type="text" value="Mr"/>	First Name : <input type="text" value="Enter First Name"/>
Middle Name: <input type="text" value="Enter Middle Name"/>	Last Name: <input type="text" value="Enter Last Name"/>
Date of Birth: <input type="text" value="02/02/1998"/>	Gender: <input type="text" value="Male"/>
Marital Status : <input type="text" value="Single"/>	Parent's /Spouse Name : <input type="text" value="Enter Parent/Spouse Name"/>
Relation With Parent/Spouse : <input type="text" value="FATHER"/>	Telephone No : <input type="text" value="Enter Telephone No"/>
Present Address : <input type="text" value="test"/>	Present City : <input type="text" value="test"/>
Present Pincode : <input type="text" value="410209"/>	Permanent Address : <input type="text" value="test"/>
Permanent City : <input type="text" value="test"/>	Permanent Pincode : <input type="text" value="410209"/>
Mobile No : <input type="text" value="8169600424"/>	Email ID : <input type="text" value="TEST@gmail.com"/>

Nationality :
 State :
 Whether PHYSICALLY HANDICAPPED :
 Ex serviceman :
 Employee Type :
 Have You applied for employment in TMC :

5) EDUCATIONAL DETAILS PAGE

- You have to add at least one education details go proceed next step
- Click next button to go to next screen



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Educational / Qualificational Details (including academic ,Diploma,courses and other relevant qualifications)

Degree:

Subject:

University :

Course Type :

Passing Month :

Percentage :

If Other :

Institution/ College:

Duration of Course (if course):

Result awaited :

Passing Year :

Certificate Enclosed :

Add Qualification

Action	Edit Records	Sr.No	Degree	Subject	Institute/college	University	Duration of Course	Course Type	Year/Month	Percentage	Result Awaited	Certificate Enclosed
Remove	Edit	1	TEST	test	TEST	TEST	2	CORRESPONDENCE	JAN2020	60.00	N	N

- To modify the details click on **EDIT** button and change details and click on **UPDATE**

Educational / Qualificational Details (including academic ,Diploma,courses and other relevant qualifications)

Degree:

Subject:

University :

Course Type :

Passing Month :

Percentage :

If Other :

Institution/ College:

Duration of Course (if course):

Result awaited :

Passing Year :

Certificate Enclosed :

Add Qualification

Action	Edit Records	Sr.No	Degree	Subject	Institute/college	University	Duration of Course	Course
Remove	Update	1	TEST	test	TEST	TEST	2	CORRE

6) PROFESSIONAL EXPERIENCE: (Training period will not counted as Experience)

- You have to **add at least one experience details to proceed next**
- Click next button to go to next screen

Professional Experience (Training period will not counted as Experience)

Post : Institute / Organization / Company:

Salary / G.P / PAY : Nature of work :

From Date : To Date :

Select Experience Type : Whether Applicant is in service of Govt/ Semi.Govt/ PSU/ Private :

Certificate Enclosed : Whether current experience :

Year : Month :

Action	Edit Records	Sr.No	Post	Company	Nature of work	Salary	From Date	To Date	Total Year	Total Month	Experience Type	Service Type	Certificate Enclosed	Current Experience
<input type="button" value="Remove"/>	<input type="button" value="Edit"/>	1	TEST	TEST	TEST	0	01-01-2020	01-01-2022			Teaching	Govt.	Y	N

Total Experience : 2 Years, 0 Month, 0 Day

- To modify the Experience Details click on **EDIT** button and change details and click on **UPDATE**

Professional Experience (Training period will not counted as Experience)

Post : Institute / Organization / Company:

Salary / G.P / PAY : Nature of work :

From Date : To Date :

Select Experience Type : Whether Applicant is in service of Govt/ Semi.Govt/ PSU/ Private :

Certificate Enclosed : Whether current experience :

Year : Month :

Action	Edit Records	Sr.No	Post	Company	Nature of work	Salary	From Date	To Date	Total Year
<input type="button" value="Remove"/>	<input type="button" value="Update"/>	1	<input type="text" value="TEST"/>	<input type="text" value="TEST"/>	<input type="text" value="TEST"/>	<input type="text" value="0"/>	<input type="text" value="01/01/20"/>	<input type="text" value="01/01/20"/>	

Total Experience : 2 Years, 0 Month, 0 Day

7) OTHER INFORMATION PAGE :

- Add Medical Council Registration details **if Applicable**
- If any other information you wish to add you have to mention here.
- Click on next button to go next screen.

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Medical Council Registration Details
Registration Category : (if applicable) If other Registration Category:

Current Employment Details
Whether Proof for Current Employment Attached:
Whether Applicant is in service of Govt/ Semi.Govt/ PSU:
Whether application is routed through proper channel :
Notice require for joining the post(MENTION NO.OF DAYS E.G 10 DAYS,1 MONTH ETC) :
Particular's about Pension/ Provident Fund. etc. :

Other Information
Describe (in 1500 Characters) your most notable contribution in Service, Teaching or Research. :

Any other information you wish to add :

Save

BackNext

8) Referee Details (Fill Full address with PIN code Number and Email of Each Referee)

- You have to **add at least One Referee Details**
- Click on Next Button to go to next Screen

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Referee Details (Fill Full address with PIN code Number and Email of Each Referee)

	First Refree	Second Refree	Third Refree
Name :	<input type="text" value="Enter First Refree Name"/>	<input type="text" value="Enter Second Refree Name"/>	<input type="text" value="Enter Third Refree Name"/>
Designation :	<input type="text" value="Enter First Refree Designation"/>	<input type="text" value="Enter Second Refree Designation"/>	<input type="text" value="Enter Third Refree Designation"/>
Address :	<input type="text" value="Enter First Refree Address"/>	<input type="text" value="Enter Second Refree Address"/>	<input type="text" value="Enter Third Refree Address"/>
Tel.No :	<input type="text" value="Enter First Refree Tel No"/>	<input type="text" value="Enter Second Refree Tel No"/>	<input type="text" value="Enter Third Refree Tel No"/>
Fax No. :	<input type="text" value="Enter First Refree Fax No"/>	<input type="text" value="Enter Second Refree Fax No"/>	<input type="text" value="Enter Third Refree Fax No"/>
Email :	<input type="text" value="Enter First Refree Email"/>	<input type="text" value="Enter Second Refree Email"/>	<input type="text" value="Enter Third Refree Email"/>

Save Refree Details

BackNext

9) UPLOAD FILE (Photo, Signature, D.O.B Proof, Educational Certificate, Experience Certificate, Cast Certificate (If Applicable))

- **Note: Files to be uploaded - mandatory for all applicants.**
- Your face should occupy about 75% of the total photo area.
- The photos should be less than six month old. If you are wearing glasses, please make sure that reflection from the lenses do on limit the visibility of your eyes.
- **Size of Photo (Maximum Size 50 KB) & Signature (Maximum Size 20 KB).**
- **Upload Recent colour photo (Height 200 x Width 200) & Signature (Height 120 x Width 400) .**
- **Upload Date Of Birth (D.O.B) Certificate in PDF Format (Maximum Size 5 MB) .**
- **Upload Educational / Qualification Certificate (Combined One PDF File of all certificate Which you have filled in application) in PDF Format (Maximum Size 5 MB) .**
- **Upload Experience Certificate (Combined One PDF File of all Experience Certificate Which you have filled in application) in PDF Format (Maximum Size 5 MB) .**
- **Upload Cast Certificate in PDF Format (Maximum 5 MB).**

Important Instructions To Upload (Photo ,Signature & All Relevant Documents)

Note: Files to be uploaded - mandatory for all applicants.

- 1) Your face should occupy about 75% of the total photo area.
- 2) The photos should be less than six month old. If you are wearing glasses, please make sure that reflection from the lenses do on limit the visibility of your eyes.
- 3) **Size of Photo (Maximum Size 50 KB) & Signature (Maximum Size 20 KB).**
- 4) **Upload Recent colour photo (Height 200 x Width 200) & Signature (Height 120 x Width 400) .**
- 5) **Upload Date Of Birth (D.O.B) Certificate in PDF Format (Maximum Size 5 MB) .**
- 6) **Upload Educational / Qualification Certificate (Combined One PDF File of all certificate Which you have filled in application) in PDF Format (Maximum Size 5 MB) .**
- 7) **Upload Experience Certificate (Combined One PDF File of all Experience Certificate Which you have filled in application) in PDF Format (Maximum Size 5 MB) .**

File Upload (Photo ,Signature & All Relevant Documents)

Choose Photo : No file chosen

Choose Signature : No file chosen

Choose D.O.B Certificate : No file chosen

Choose Qualification Certificate : No file chosen

Choose Experience Certificate : No file chosen

Action	SrNo	File Type	File Name	Image	View Document
<input type="button" value="Remove"/>	1	P	Photo		
<input type="button" value="Remove"/>	2	S	Signature		
<input type="button" value="Remove"/>	3	B	DOB Certificate		<input type="button" value="Click Here To View Document"/>
<input type="button" value="Remove"/>	4	Q	Qualification Certificate		<input type="button" value="Click Here To View Document"/>
<input type="button" value="Remove"/>	5	E	Experience Certificate		<input type="button" value="Click Here To View Document"/>

10) PAYMENT SCREEN:

- Kindly click on **Pay Now** button to pay the fees (If Applicable.)
- **SC/ST Candidates / Physically Handicap Candidates / Female Candidates are exempted from payment.**
- Note : Fees may be paid online (Only for Male Candidates) in favor of "TATA MEMORIAL CENTRE, PAREL, MUMBAI-400012" Read notification for amount to be paid

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Home Personal Info Education Details Experience Details Other Info Referee Details File Upload **Payment** Change Password Logout

Payment Details

SC/ST Candidates / Physically Handicap Candidates / Female Candidates are exempted from payment .
Note : Fees may be paid online (Only for Male Candidates) in favour of "TATA MEMORIAL CENTRE, PAREL, MUMBAI-400012" Read notification for amount to be paid

Gender : Male

Category Belong To : OPEN

Mode of Payment : ICICI Payment Gateway

Amount to pay : 300

- After clicking on **Pay Now** you will be redirected to bank server.

eazypay Merchant : TATA MEMORIAL CENTRE
22/01/2022 12:01:527

Payment Mode

Net Banking
Debit Card
Credit Card
UPI

Transaction ID	220122112572602
Amount	Rs.
Convenience Fee	Rs. 0.00
GST	Rs. 0.00
TMH	Rs.

Mobile No : Optional Email ID : Optional
Payer Name : Optional

*Please provide the mobile number for transaction communication & viewing transaction history.

ICICI Bank (Retail) Other Bank

Brought to you by **ICICI Bank**

➤ Select appropriate option and pay the fees



Amount ₹ 1.00 INR

This is a secure page which uses SSL/TLS (Secure Socket Layer/Transport Layer Security) to encrypt and securely transmit your payment data.

Cardholder Name * TEST
Card Number *
Expiration Month * 01
Expiration Year * 2022
Card Code / CVV *
Payment Application ID: 220122112572602

* Mandatory fields

Cancel Continue

➤ After payment will redirected to payment receipt page



TATA MEMORIAL HOSPITAL TATA MEMORIAL CENTRE

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PAYMENT RECEIPT

Application Number	TEST/2022/40
Transaction ID	220122112572602
Transaction Status	ECI 7 for Debit Cards and Credit Cards
Transaction Status Code	E0821
Amount Paid RS	1.00
Payment Mode	DEBIT_CARD
Transaction Date & Time	22-01-2022 12.49.26

- You have to login with credentials and preview your form and submit the Online Final application
- **NOTE: After Final Submission you are not allowed to modify any details before submitting the application make sure that all details are correct.**



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HomePersonal InfoEducation DetailsExperience DetailsOther InfoRefree DetailsFile UploadPaymentChange PasswordLogout

Preview your application, Make sure that all details are correct, After Submission not allowed to Modify any Details. Please Go Down and Click on Submit Online Application Button for Final Submission.

APPLICATION NOT SUBMITTED

Application No	: N/VAR/2022/012/40931	
Advertisement No	: VAR/2022/012	
Post Applied For	: ASSISTANT PROFESSOR E (GENERAL MEDICINE)	
You Belongs To	: OPEN	
Name	: Mr. suresh V rathod	
Date Of Birth	: 02/02/1998	
Age as on Advertisement Last Date	: 24 Years 5 Months 15 Days	
Gender	: F	
Marital Status	: Single	
Religion	:	

Nationality	: India
Parent/Spouse Name	: VAMAN RATHOD
Present Address	: test
City	: test
Pin code	: 410209
State	: Maharashtra
Tel No	: 8169600424
Mobile No	: 8169600424
Email	: kailasrathod408@gmail.com
Permanent Address	: test
City	: test
Pincode	: 410209
Pancard No	:
Whether Physically Handicap	: NO
Whether Ex Serviceman	: NO
Employee Type	: OTHER
Project / Agency Name	:
CCNO	:
Worked From	:
Worked To	:
Have You applied for employment in TMC	: NO

11) APPLICATION PREVIEW AND SUBMIT

- You have to preview your Online Application Form, All Details with Attachment are correctly attached or not.
- After Submit Final Online Application you are not allowed to modify any details, Before Submitting make sure that all details are correct.
- After Checking All details **you have to go Down, Check the declaration checkbox and Click on Submit Online Application Button to Submit your Online Application**

Important Instructions

Incomplete forms will be rejected.
Please fill up all items in the application form, attach relevant documents and certificates and sign the declaration.
All certificate copies will be verified with the originals at the time of interview
Suppression of any information will lead to termination of service without any intimation
Any doubts regarding the post / form may be clarified by emailing to : as mentioned in advertisement copy

Preview Application & Declaration

I hereby declare that all the information and particulars given by me in this application are true and correct to the best of my knowledge. I am aware that if any of the above statements are found to be incorrect or false or may material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if selected, my appointment will be liable to be terminated.

Final Submit Online Application

Go To Screen 1

- After Final Submitting the Online Application, You will get the message Application Submitted.



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Home
Personal Info
Education Details
Experience Details
Other Info
Refree Details
File Upload
Payment
Change Password
Logout

Application Submitted Successfully, Please take application print out for your future reference

Personal Information

APPLICATION SUBMITTED

Application No	: N/VAR/2022/012/40931
Advertisement No	: VAR/2022/012
Post Applied For	: ASSISTANT PROFESSOR E (GENERAL MEDICINE)
You Belongs To	: OPEN
Name	: Mr. suresh V rathod
Date Of Birth	: 02/02/1998
Age as on Advertisement Last Date	: 24 Years 5 Months 15 Days
Gender	: F
Marital Status	: Single
Religion	:
Nationality	: India



- After Final Submission you will get the **download bottom** of application and **fee receipt button (If Applicable)**

Download Application

I hereby declare that all the information and particulars given by me in this application are true and correct to the best of my knowledge. I am aware that if any of the above statements are found to be incorrect or false or may material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if selected, my appointment will be liable to be terminated.

SIGNATURE
Applicant's Signature

[Download Payment Receipt](#) [Print / Download Online Application Form](#)

12) FINAL SUBMISSION EMAIL TO CANDIDATE

TMC - Online Application Final Submission Inbox x

 **TMC - Tata Memorial Centre** to me ▾ 10:06 (9 hours ago) ☆ ↶ ⋮

Dear MR. TEST

You have successfully submitted your online application with Application No : TEST/2022/123

Please take the printout of your online application, and Keep with you for future reference.

Click here to login : https://tmc.gov.in/Non_Medical/frm_Login.aspx

Date & Time : 27-06-2022 10:07:08

Note: This is a system generated mail. Please don't reply.

13) FORGOT PASSWORD

- In case you forgot your password
- Enter application number and click on send OTP button
- You will receive OTP on registered email ID
- After OTP validation you can change password

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FORGOT PASSWORD

Password Recovery

Application Number :

[SEND OTP](#)

14) SEARCH APPLICATION :

- In case you forgot your **application number or Credentials not received in mail**
- Enter the **Registered Email id** and search application
- You will get the application numbers which are registered with your email id



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FIND APPLICATION NUMBER

Application Recovery

Email :

SEARCH

CLEAR

15) CONTACT US :

- In case of any query administrative or technical visit the Help Desk.