

TMC – APPLICATION FORM

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Post Applied for :

& Department :

(1) Name in full
[IN BLOCK LETTERS] :

(2) Date of Birth : (3) Sex :

(4) Marital Status : (5) Nationality :

(6) Parent/Spouse Name :

(7) **PAN Card Number** :
(Mandatory)

(8) Address for
correspondence :

Pin Code :

(9) a) Telephone No : (9) b) Mobile No:

(9) c) Fax No : (9) d) E-mail
(Mandatory) :

(10) Permanent Address :

Pin Code :

(11) If SC/ ST/ OBC/
Physically handicapped:

(Attach certificate issued by Competent Authority)

(12) FORMAL EDUCATIONAL QUALIFICATIONS :

Degree	Subject	Year of passing	Institution or College	University	MCI recognized
D.M. or M.Ch.					
D.N.B.					
M.D. or M.S.					
M.B.B.S.					

(13) Medical Council of India registration No :

(14) PROFESSIONAL EXPERIENCE:

Appointment	Dates		Subject	Institution or College	University
	From	To			
Lecturer					
Demonstrator or Senior Resident					
Junior Resident					
Research Fellow					
Post-Doctoral Fellowship					
Any other					

(15) Whether Applicant is in Service : Yes or No.
If Yes, please provide No Objection Certificate from your employer or Head of the institution.

(16) List of documents attached to application

[Original must be produced for verification at the time of interview]

1. School leaving certificate [] YES [] NO
2. III MBBS Marksheet [Part I & II] [] YES [] NO
3. MD/MS/DNB certificate [] YES [] NO
4. DM/MCh/DNB certificate [] YES [] NO
5. Medical Council Registration certificate [] YES [] NO
6. Senior Residency certificate [] YES [] NO
7. Experience Certificate: [] YES [] NO
8. Others

IMPORTANT DECLARATION

I declare that the information stated by me in the application is correct to the best of my knowledge.

Name :

Signature :

Date :

IMPORTANT INSTRUCTIONS

1. Suppression of any information will lead to termination of service without any intimation
2. Any doubts regarding the post/ form may be clarified by emailing to: tmhresident@tmc.gov.in