

## APPLICATION PROFORMA

## Annexure – D

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|                                        |                                                                                                                                                                                                                                                                                                                                                                    |                |                            |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|
| <b>Post applied</b>                    |                                                                                                                                                                                                                                                                                                                                                                    | <b>Subject</b> |                            |
| <b>FULL NAME</b><br>In Capital letters |                                                                                                                                                                                                                                                                                                                                                                    |                | <b>Sex</b><br><b>M / F</b> |
| <b>POSTAL ADDRESS</b>                  | <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> City :                      Dist. :                      Pin code :                      . |                |                            |
| <b>CONTACT DETAILS</b>                 | <b>Phone :</b> <b>Cell No.</b><br>( With STD code)<br><b>e-mail :</b>                                                                                                                                                                                                                                                                                              |                |                            |
| <b>BIRTH DATE</b><br>( Attach SLC)     | in Numerical        :                      /                      / 19<br>in Words : _____<br><br><b>Completed Age</b> ( on last day of applications ) : Years -                      Months -                      Days -                                                                                                                                         |                |                            |
| <b>Religion :</b>                      | <b>Category : SC / ST / VJNT / SBC / OBC / OPEN</b>                                                                                                                                                                                                                                                                                                                | <b>Cast :</b>  |                            |

| QUALIFICATIONS ( Attach all relevant Certificates ) |                    |                    |              |            |               |
|-----------------------------------------------------|--------------------|--------------------|--------------|------------|---------------|
| COURSE                                              | Name of the Course | Board / University | Passing Year | % of Marks | Class / Grade |
| HSC                                                 |                    |                    |              |            |               |
| UG                                                  |                    |                    |              |            |               |
| PG ( Speciality )                                   |                    |                    |              |            |               |
| Super Speciality<br>( if any )                      |                    |                    |              |            |               |
| PhD / PG Dip.<br>( if any )                         |                    |                    |              |            |               |
| OTHER<br>( Please Specify )                         |                    |                    |              |            |               |
| OTHER<br>( Please Specify )                         |                    |                    |              |            |               |

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

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

|                                                |                        |                |
|------------------------------------------------|------------------------|----------------|
| <b>Registration</b>                            | <b>State Council :</b> | <b>Other :</b> |
| <b>MUHS<br/>Activities</b><br>(State Briefly)  |                        |                |
| <b>Other<br/>Activities</b><br>(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 :