APPLICATION & SELF DECLARATION

Ref: Advt No.MD/ICF/case to Case

PASTE ARECENT PASSPORT SIZE COLOUR PHOTOGRAPH WITH NAME & DATE IN FRONT OF & SELF ATTESTED

A. PERSONAL DETAILS (ANY SUPRESSION OF FALSE INFORMATION WILL LEAD TO CANCELLATION OF CANDIDATURE)

1. Name(BLOCK LETTERS)

2. DOB

3. Age on Date of Advt (as Years, Month & Days)

4. Father's name & Address

   Occupation ……Mobile No……

5. Husband/Wife's Name & Address

   Occupation & Mobile No.

6. Applicant's Present Address & Mailing Address (BLOCK LETTERS)

   ……
   ……
   ……

7. Means of Communication with APPLICANT (-lease pay attention & Fill in correct details)
   i email address :

   ii Mobile Nos. Land line No with STD Code

8. APPLICANT'S IDENTIFICATION DETAILS(Sr.1 to 3 essential)
   a. PAN CARD NO……date of issue & validity ……
   b. VOTERID No. …… date of issue & validity……
   c. ADAHHAR Card No. ……
   d. PASSPORT NO. …… date of issue & validity
      Issuing authority……

Signature of the Candidate
Date :
Place:

EDUCATIONAL QUALIFICATION & EXPERIENCE DETAILS

1. Educational Qualification

S.No	Qualification	Medical College/ University	Year of passing
1	Graduation (MBBS)		
2	Post Graduation (MD/ DNB/DTCD/DTM)		
3	Any other		

A. Publications with Details, if ANY

S.No	Journal/ Book	Title of publication	Year of publication

B. DETAILS OF Experience

S.No	NAME & ADDRESS OF INSTIUTION	TOTAL PERIOD WITH DATES	NATURE OF JOB RESPONSIBILITIES HELD

C. REGISTRATION DETAILS

MEDICAL COUNCIL OF INDIA/TNMC	MCI/TNMC *(proof of having applied for DMC Registration is a must before the joining)*
MCI/ TNMC RegnNo: Date:	MCI/TNMC Regn No: Date:

E .Details of Certificates : Copies of Documents duly self attested to be submitted with application form (from S.No.1 to 12):

S.No	TYPE Of DOCUMENT SUBMITTED	Whether Submitted (write yes / No)	If NO , Give Reasons there for	Remarks (By the Scrutinizing Official
1.	Date of Birth Certificate			
2.	Degree Certificate of MBBS			
3.	Internship Completion Certificate			
4.	MCI/STATE /TNMC Registration Certificate.			
5.	DMC, Registration Certificate			
6.	POST GRADUATE DEGREE (MCI/TNMC recognized only)			
7.	POST GRADUATE DIPLOMA Certificate (MCI /TNMC recognized only)			
8.	Publications & Details			
9.	PAN CARD			
10.	ADHAR CARD			
11.	Proof of Present Address.			
12.	Proof of Permanent Address.			

F. DECLARATION

- I, Dr. (Mr/Ms.) . . . . S/D/o . . . . . hereby solemnly declare that statements made above by me are correct & true to the best of my knowledge and belief.
- Further, I do undertake that the above statements, if found false at any stage in future, my appointment shall be cancelled by the administration and I shall be liable for punitive / disciplinary action whatever deemed fit.
- I understand that applying for Registration with Tamilnadu Medical Council/ Medical Council of India/National Medical Council is an essential requirement before joining. I undertake to apply for TNMC Registration immediately & will submit the same before my joining at ICF , Railway Hospital , Chennai
- The Decision of the Selection Board will be final. In case of any legal dispute the jurisdiction of court will be Chennai only.

Date:
Place: Signature of candidate