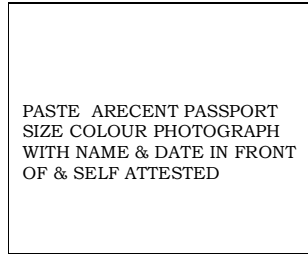


APPLICATION & SELF DECLARATION

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



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

OccupationMobile 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. ADHHAR 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/BDS)		
2	Post Graduation (MS/DNB/MDS)		
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/MCTN	MCI/MCTN (<i>proof of having applied for DMC Registration is a must before the joining</i>)
<u>MCI/ MCTN</u> Regn No: Date:	<u>MCI/MCTN</u> Regn No: Date:

E. Details of Certificates : Copies of Documents duly self attested to be submitted with application form (from S.No.1 to 18):

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 /MCTN Registration Certificate.			
5.	DMC, Registration Certificate			
6.				
7.	POST GRADUATE DEGREE (MCI/MCTN recognized only)			
8.	POST GRADUATE DIPLOMA Certificate (MCI /MCTN recognized only)			
12.	Publications & Details			
13.	PAN CARD			
14.	VOTER ID,			
15.	ADHAR CARD			
16.	PASSPORT			
17.	Proof of Present Address.			
18.	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 Delhi Medical Council is an essential requirement before joining . I undertake to apply for DMC Registration immediately & will submit the same before my joining at Northern Railway , Central Hospital , New Delhi
- The Decision of the Selection Board will be final. In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi only.

Date:

Place:

Signatures of candidate

Eligibility Criteria:-

Educational Qualification:

- (i) Post Graduate Degree or super specialty qualification (MS, DNB, MDS etc,) *recognised by* MCI in the concerned Specialty.
- (ii) Registration: Candidates must have a valid registration with Tamilnadu Medical Council. For candidates not having Registration with Tamil Nadu Medical Council, they will have to apply to TNMC for registration, before joining. The proof regarding the same will have to be submitted at the time of joining.
- (iii) Tenure: Initial appointment will be for one Year only. This would be extendable every year subject to satisfactory work , conduct & performance. Termination/ Resignation of engagement can be done on one month prior notice or payment of one month salary from either side.
- (iv) Consultancy fees: Rs.1000/- for first patient and Rs.200/- for each subsequent patient.
- (v) The decision of selection committee appointed by competent authority is final and in case of any legal dispute the place of court of jurisdiction shall be Chennai.

General Instructions:-

1. All the columns in application form must be duly filled properly. Applications with incomplete/incorrect information are liable to be rejected summarily.
2. All the required certificates duly self attested must be attached with the application. The candidates must have their original certificates, publications with them at the time of interview for verification and need to submit the same before the interview committee.
3. Please Note that any discrepancy pertaining to the documents may invite cancellation of offer of appointment and legal action.
4. Enclosures as mentioned in the application form at Column-F are to be attached with the application
5. Preference will be given to consultants who are not attached to the hospitals empanelled with ICF Hospital.
6. Consultants already enrolled at ICF under cases to case basis scheme and have completed 5 years or more are required to re-apply against this advertisement notice.

PRINCIPAL CHEF MEDICAL OFFICER,
ICF HOSPITAL