

**APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR IN DEPARTMENT OF PAEDIATRICS**

1. Name in Full (Capital letters):
2. Sex:
3. Date of Birth:
4. Father's Name:
5. Category:
6. Nationality:
7. Permanent Address:
8. Address for Communication:
9. Academic Qualifications (MBBS onwards):

Paste Passport Size  
Photograph

Name of Exam	Maximum Marks	Marks Obtained	% of Marks	No. of Attempts	College	University	Award/Distinction
MBBS							
MD/MS/ DNB							

10. Research Papers published, if any (Give details & proof):
11. Details of Service rendered earlier/Experience in related field:

Designation	Organization	Duration of Tenure	
		From	To

Declaration: I solemnly declare that the above statements made by me are correct.

Signature & Name of Candidate

*Lalith*  
17/10/16  
Sr Admin officer