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## **Format of Application**

Candidates are advised to read the detailed advertisement carefully prior to filling the application form. The candidate must ensure that he/she has an active e-mail ID and Mobile number. The e-mail ID and the Mobile number are required to be preserved till publication of final result. The candidate must also ensure the availability of all the relevant documents/ certificates at the time of submitting scanned copy of application form in a single PDF file.

> Candidate's Color Photo *The photograph of the* candidate must contain

| <ol> <li>1.</li> <li>2.</li> </ol> | Post applied for:            |        |       |        |       |       |       |        |      |      |          |       | his/her full face, both ears and neck, in frontal view with a neutral, non-smiling expression and with open eyes directed at the camera. |   |   |          |   |   |   |  |  |  |
|------------------------------------|------------------------------|--------|-------|--------|-------|-------|-------|--------|------|------|----------|-------|--|---|---|----------|---|---|---|--|--|--|
|                                    | A                            | S      | S     | 0      | С     | I     | A     | Т      | E    |      | P        | R     | 0  | F | E | S        | S | 0 | R |  |  |  |
| 3.                                 | Department in which applied: |        |       |        |       |       |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
|                                    |                              |        |       |        |       |       |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
| 4.                                 |                              |        |       |        |       |       |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
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| 5.                                 | Name                         | in CA  | APITA | Llette | ers:  |       |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
|                                    |                              |        |       |        |       |       |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
|                                    |                              |        |       |        |       |       |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
| 6.                                 | Gende                        | er: M  | ale/F | emal   | e/Otł | ner   |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
|                                    |                              |        |       |        |       |       |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
| 7.                                 | Fathe                        | r's/H  | lusba | nd's l | Name  | e:    |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
|                                    |                              |        |       |        |       |       |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
|                                    |                              |        |       |        |       |       |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
| 8.                                 | Date                         | of Bir | th:   |        |       |       |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
|                                    |                              |        | X     |        |       | X     |       |        |      |      |          |       |  |   |   |          |   |   |   |  |  |  |
| 9.                                 | Age o                        | n 15.  | 06.20 | 25:    | ·     | •     | ·     | ·      | •    |      | <u> </u> |       |  |   |   |          |   |   |   |  |  |  |
|                                    |                              |        | Y     |        |       | M     | [     |        | 1    | D    | A        | Y     | S  |   |   |          |   |   |   |  |  |  |
| 10.                                | Categ                        | ory o  | f the | Cand   | idate | (plea | ase w | rite): | UR/I | EWS/ | OBC.     | /SC/S | <br>ST: [  |   |   | <u> </u> |   |   |   |  |  |  |
| 11.                                |                              |        |       |        |       |       |       | ,      | ,    | ,    | •        | ,     | L  |   |   |          |   |   |   |  |  |  |
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| Si.   Qualifications   College   Board   Year of   Marks   Total   Marks   In %6  | 13. Q | Qualifications (MBI<br>Rows may be added | BS/MD/MS/D     | NB/P<br>reme | G Diploma   | /BDS/   | MDS etc   | c. with Certifica | ates)      |            |             |
|---|-------|--|----------------|--------------|-------------|---------|-----------|-------------------|------------|------------|-------------|
| 14. Experience (as per the post notified) Govt. /Pvt. Hospital/Institution (in Years / Months) with Certificates:  Sl. Position held Institution From To Totaling Teaching Non-Regular/Contract  1  |       |  |                | В            | oard/       | I       |           |                   |            |            | Attempts    |
| 3   | 1     |  |                |              |             |         |           |                   |            |            |             |
| A   | 2     |  |                |              |             |         |           |                   |            |            |             |
| 14. Experience (as per the post notified) Govt. / Pvt. Hospital/Institution (in Years / Months) with Certificates:    SI.   | 3     |  |                |              |             |         |           |                   |            |            |             |
| 14. Experience (as per the post notified) Govt. /Pvt. Hospital/Institution (in Years / Months) with Certificates:    Si.   Position held   Institution   From   To   Total-in years   Teaching / Contract   | 4     |  |                |              |             |         |           |                   |            |            |             |
| Si.   Position held   Institution   From   To   Total-in years   Teaching   Contract  | 5     |  |                |              |             |         |           |                   |            |            |             |
| Si.   Position held   Institution   From   To   Total-in years   Teaching   Contract  | 14.   | Experience (as pe                        | er the post no | ified)       | Govt. /Pvt  | . Hosp  | ital/Inst | itution (in Yea   | rs / Month | s) with Ce | rtificates: |
| 15. List of Publications: (Only NMC approved Publications will be considered)    SI.   Title (Vancouver Style)   Author Position   Name of Journal   Name of Indexing Body  |       |  |                |              |             |         |           | Total-            | Teachin    | g/ Non-    | Regular/    |
| 3 4 5   | 1     |  |                |              |             |         |           | in years          | Teac       | 8          | Gontract    |
| St.   Title (Vancouver Style)   Author Position   Name of Journal   Name of Indexing Body   | 2     |  |                |              |             |         |           |                   |            |            |             |
| Si.   Title (Vancouver Style)   Author Position   Name of Journal   Name of Indexing Body   | 3     |  |                |              |             |         |           |                   |            |            |             |
| Si.   Title (Vancouver Style)   Author Position   Name of Journal   Name of Indexing Body   | 4     |  |                |              |             |         |           |                   |            |            |             |
| Sl. Title (Vancouver Style) Author Position Name of Journal Name of Indexing Body  1  | 5     |  |                |              |             |         |           |                   |            |            |             |
| Sl. Title (Vancouver Style) Author Position Name of Journal Name of Indexing Body  1  | 15.   | List of Publication                      | ns: (Only NM(  | appr         | oved Publi  | cations | s will be | considered)       |            |            |             |
| 2 3 4 5 Details of Paper/Oral/ Poster presentation in Conference:  Sl. Title of Presentation Year State/ National/ International Oral/ Poster  1 2 3 4 5 Details of Special Training in concerned speciality:  Sl. Name of Training Year Name of Conducting Body  1 2 3 4 4 5 17 Details of Special Training Year Name of Conducting Body  1 2 3 4 4 5 6 7 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9  |       |  |                |              |             |         |           | Na                | ame of Ind | exing Body |             |
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| 16. Details of Paper/Oral/ Poster presentation in Conference:    Sl.   Title of Presentation   Year   State/ National/ International   Oral/ Poster   | 3     |  |                |              |             |         |           |                   |            |            |             |
| 16. Details of Paper/Oral/ Poster presentation in Conference:    Sl.   Title of Presentation   Year   State/ National/ International   Oral/ Poster   | 4     |  |                |              |             |         |           |                   |            |            |             |
| SI. Title of Presentation Year State/ National/ International Oral/ Poster  1   | 5     |  |                |              |             |         |           |                   |            |            |             |
| SI. Title of Presentation Year State/ National/ International Oral/ Poster  1   | 16.   | Details of Paper                         | /Oral/ Poste   | pres         | entation in | Confe   | rence:    |                   |            |            |             |
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| 1 2 3 4 4 A A A A A A A A A A A A A A A A A   | 17.   | Details of Specia                        | al Training in | conce        | rned speci  | ality:  | •         |                   |            | •          |             |
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12. Post advertised under Category: (UR/ EWS/ OBC/ SC/ ST)

| 18. | Details of Award/ Distinction/ Honours in the Subject: |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|-----|--|---------|---------|----------|---------|----------|-------|----------|----------|--------------------------------------|---------------------------------------|------|--------|-------|-------|----------|----------|----------|---|---------------|--------|-----|---|--|--|
| Sl. |  | N       | ame c   | of Subj  | ject    | Pa       | ssing | Year     |          | Obtained marks in Percentage (Hons.) |                                       |      |        |       |       |          |          |          | 1 | Awa           | rd, if | any |   |  |  |
| 1   |  |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   | $\perp$       |        |     |   |  |  |
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| 4   |  |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
| 19. | N  | MC/S    | tate M  | ledica   | l Cou   | ncil/    | Dent  | al Coi   | ıncil    | of In                                | dia/9                                 | Stat | e De   | ntal  | Cour  | rcil ( ' | Fick v   | / )      |   |               |        |     |   |  |  |
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| ļ   | (ii  | i)      | Nam     | e of th  | ne Sta  | te (If   | regio | stered   | dund     | er St                                | ate M                                 | [edi | ical I | Regis | trati | on Co    | uncil    | <u> </u> |   |               |        |     |   |  |  |
|     | (1)  | .)      | Ivain   | C OI ti  | iic ott | 110 (11  | regio |          | T una    |                                      | r State Medical Registration Council) |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|     |  |         |         | 4-       |         | <u> </u> |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|     | (ii  | 1       | Date    | of Re    |         | ation:   | 1     | 1        |          | _                                    |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|     |  | X       |         |          | X       |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
| 20. | Co   | ntact   | No (I   | Mobile   | e):     |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|     |  |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
| 21. | E-   | mail (  | in CA   | PITAI    | L lette | ers):    |       | •        |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|     |  |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
| 22. | Po   | netal A | ddress  |          |         | 1        |       | <u> </u> |          |                                      |                                       | ļ    |        |       |       |          |          |          |   |               |        | 1   | 1 |  |  |
|     |  | 36171   | aur css |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
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|     |  |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|     |  |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|     | Po   | ost Of  | fice:   |          |         |          |       | I        | <u>I</u> |                                      |                                       |      |        |       |       | 1        |          | ı        |   |               |        |     |   |  |  |
|     |  |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|     | Di   | istrict | :       |          | -       |          |       | J.       |          | ı                                    | -                                     |      |        |       |       |          |          | ļ        | - |               | ļ      |     |   |  |  |
|     |  |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|     | C+   | ate:    |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       | <u> </u> |          |          |   |               |        |     |   |  |  |
| 1   | 31   | ate.    |         |          |         |          |       |          |          |                                      | 1                                     | T    |        |       |       |          |          |          |   | $\top$        |        |     |   |  |  |
|     |  |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|     | PI   | N:      |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|     |  |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
| 23. | Present working status: (i) Name of the Employer:      |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
| 1   | (i)  | )<br>   | Nam     | e of the | ne En   | iploy    | er:   |          |          |                                      | 1                                     | _    |        |       |       |          |          |          |   | $\overline{}$ |        |     |   |  |  |
|     |  |         |         |          |         |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
| -   | (ii  | i)      | Desi    | gnatio   | n:      | -        |       | ı        | ı        |                                      |                                       | -    |        |       |       | ı        | 1        |          |   |               | 1      |     |   |  |  |
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|     | (ii  | ii)     | Date    | of Joi   | ning:   |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |
|     |  | X       |         |          | X       |          |       |          |          |                                      |                                       |      |        |       |       |          |          |          |   |               |        |     |   |  |  |

| 24.   | M  | arital | Statu            | ıs: Sir | ngle/  | Marr   | ied:  |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
|-------|--|--------|------------------|---------|--------|--------|-------|------|-------|------|-----------|------------------|-------|-----------|-------|----------------|-------|-------|----------|-------|--------|--------|--------|----------|------|
|       |  |        |                  |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
| 25.   | N  | ation  | ality:           | India   | n/ 01  | her:   |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
|       |  |        |                  |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
| 26 1  | Math   | то.    |                  |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
| 26. 1 | viotne   | er Toi | igue:            |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
|       |  |        |                  |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
| 27.   | D<br>i)  |        | of Id<br>dhaai   |         | Cert   | ificat | e (02 | 2 ou | t of  | 03 a | ire r     | equ              | iired | d):       |       |                |       |       |          |       |        |        |        |          |      |
|       | ]  | Tia    | diraai           | 10.     |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
| (     | ii)  | Vo     | ter Id           | :       |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
|       |  |        |                  |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
| (     | iii)   | PA     | N:               | 1       | ı      |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
|       |  |        |                  |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
| 28.   | Ic   | lentif | icatio           | n Mai   | rk:    |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
|       |  |        |                  |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
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| 29.   |  |        |                  |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
|       | If Interview Fee is not applicable, then reason: |        |                  |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
|       |  |        |                  |         |        |        |       | (SC  | `/\$' | T/Fe | mal       | e/1              | ESIC  | ` (Red    | nılar | Em             | nlos  | zee)  | / De     | efen  | ce Es  | z-serv | ricem  | en & P   | H)   |
|       |  |        |                  |         |        |        |       | 100  | 1/0   | 1/10 | - T       | c <sub>1</sub> . | Вотс  | , (I.C.)  | Sului | <b>D</b> 1111, | pioj  | , ccj | ,, ,,    | .1011 | CC 112 | r Jerv | recin  | cii a i  | 11)  |
|       | If   | Yes, l | D. D. N          | lo.     |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
|       | Is   | suing  | Date             | :       |        |        |       |      | X     |      |           |                  | X     |           |       |                |       |       |          |       |        |        |        |          |      |
|       | N  |        | - C + l          | T       | D.     | 1-     | •     |      |       |      |           |                  |       |           |       |                |       |       | <u> </u> | 1     |        |        |        | Τ        |      |
|       |  |        | of the           |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        | <u> </u> |      |
|       | N  | ame (  | of Bra           | nch o   | of Bar | ık:    |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
|       |  |        |                  |         |        |        |       |      |       | ı    | DEC:      | I.AF             | RAT   | ION       |       |                |       |       |          |       |        |        |        |          |      |
|       |  |        |                  |         |        |        |       |      |       | tion | give      | en a             | abov  | e by      |       |                |       |       |          |       |        |        |        | edge a   |      |
|       |  |        | າ that<br>tand ເ |         |        | orma   | ition | give | en l  | by n | ie, ii    | f fo             | und   | wro       | ng at | any            | y sta | age,  | my       | can   | dida   | ture f | or th  | e post   | will |
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| Date  | :  |        |                  |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       | (Sigr    | ıatu  | re of  | Cand   | lidate | )        |      |
|       |  |        |                  |         |        |        |       |      |       |      |           |                  |       |           |       |                |       |       |          |       |        |        |        |          |      |
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(Read before filling forms)

- Incomplete application is liable to be rejected.
- Form should be filled by candidate in person with clear and CAPITAL letters. Photograph should be with clearly visible face, both ears & signed across.

## Checklist

List of documents which are to be submitted with Application Form.

| Sl. | Name of Documents   | Submitted: Yes/ No, If No, Reason? |
|-----|---|------------------------------------|
| 1   | Demand Draft of Rs. 500/- as Interview Fee, if applicable   |                                    |
| 2   | Admit Card/ Certificate of Class 10th for Date of Birth   |                                    |
| 3   | All Marks Sheets of MBBS  |                                    |
| 4   | Attempt Certificate of MBBS   |                                    |
| 5   | Degree Certificate of MBBS  |                                    |
| 6   | All Marks Sheets of MD/MS/DNB   |                                    |
| 7   | Attempt Certificate of MD/MS/DNB Examination  |                                    |
| 8   | Degree Certificate of MD/MS/DNB Examination   |                                    |
| 9   | EWS/OBC/SC/ ST Certificate, when applicable   |                                    |
| 10  | NMC/ State Medical Council Registration Certificate (updated)   |                                    |
| 11  | Aadhaar Card  |                                    |
| 12  | Proof of Publications, Certificate of Training, Attendance in the Conference/Workshop/Seminar, if any |                                    |
| 13  | NOC from Current Employer, if applicable  |                                    |
| 14  | Relieving Certificate from previous Employer, if applicable   |                                    |
| 15  | Experience Certificate, if applicable   |                                    |
| 16  | Any other   |                                    |

|       | applicable                            |            |
|-------|---------------------------------------|------------|
| 15    | Experience Certificate, if applicable |            |
| 16    | Any other                             |            |
| Date: | Signature of A                        | Applicant: |
|       | Name of App                           | licant:    |
|       |                                       |            |