



AMC Medical Education Trust

Office of AMC MET, Smt. NHL Municipal Medical College,
Ellisbridge, Ahmedabad - 380 006
Phone No. 26579901, 26578452, 26579185
E-mail:- amcmet2008@gmail.com

Affix your
latest Passport
size
Photograph
duly self
attested

APPLICATION FORM

Application No. Post Applied For:

1. Name in full _____

Father's /Husband's Name _____

2. Present Address _____

_____ **Mobile No.:** _____
(Mandatory)

Permanent Address _____

_____ Tel. No. _____

E- Mail Address (Mandatory):-

3. Age (in years) Birth Birth _____

4. Category Applied for(OPEN / SC / ST / SEBC):
(Endorse certificate from competent authority.)

(a) Any professional/other training taken detail with duration and name of institute:

6. Details of membership of any professional/academic Institute.

7. Expected starting total salary including allowances: Rs. _____ (per Annum)

8. When can you join if offered an appointment? _____

9. Details of the previous appointment / teaching experience (Attach Certificate without which experience will not be counted)

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Registrar/ Sr.Residency/ Resident					
Tutor/ Demonstrator/ Lecturer(DENTAL)					
Assistant Professor/ Reader					
Associate Professor					
Professor					

10. No. of Research publication in Journals as per the requirement of MCI: **(attach separate sheet of details as under mentioned, along with copy of Research Publication and proof of Indexing without which it will not be counted - As per Annexure - A)**

11. Are you having service agreement/Bond with your present employer?
If yes, please mention period etc. and give details separately. Yes/No

12. Have you been abroad?
If yes, please mention countries visited with purpose & duration. Yes/No

13. Languages known

Mother tongue _____

Language	Speak	Read	Write

14. Physiology Details:

Height	Cms	Weight		Sex	
Religion		Nationality		Domicile	
Marital Status		No. of Children			
Disability of permanent nature or chronic illness, if Any					
Identification marks					
Wearing Glasses? If yes please mention Number & Duration.					

15. Please name two references who are not your relative and who can certify about your work and conduct with contact No. & Address.

(1)	(2)
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16. Any other relevant Information

I solemnly declare that the particulars furnished in this application are true and correct. I clearly understand that any misstatement of fact contained herein or willful concealment of any material fact will render me liable to appropriate action as may be decided by AMC MET.

- N.B.**
- (1) Candidate should furnish with this application true copies of all the mark sheets, certificates, attempt Certificates, testimonials of education qualification from S.S.C. onwards and experience and copies of research publication along with proof of indexing, etc. duly certified.**
 - (2) Application with incomplete information will not be accepted. If any way accepted it will be treated as canceled without further communication.**
 - (3) The application should be in the candidate's own handwriting.**
 - (4) A candidate who is employed elsewhere should forward the application through his/her employer and should attach a certificate from the employer that he/she has been permitted to apply for the post in question; otherwise the application will not be considered.**

Place:

Date:

Signature.....

ENCLOSURES

Sr. No.	Documents	Submitted
1	Proof of Birth Date	Yes / No
2	Caste Certificate	Yes / No
3	SSC Marksheet	Yes / No
4	HSC Marksheet	Yes / No
5	1 st MBBS /BDS Mark Sheet[including mark sheet of failure]	Yes / No
6	2 nd MBBS/BDS Mark Sheet[including mark sheet of failure]	Yes / No
7	3 rd MBBS/BDS Mark Sheet [including mark sheet of failure]	Yes / No
8	4 th BDS Mark sheet (If Applicable)	Yes / No
9	MBBS/BDS Attempt Certificate(s) for all years	Yes / No
10	MBBS/BDS Degree Certificate	Yes / No
11	PG Mark Sheet(s)	Yes / No
12	PG Degree Certificate	Yes / No
13	PG Attempt Certificate	Yes / No
14	Letter from head of institute regarding recognized degree	Yes / No
15	Copies of Registration of MBBS/BDS and PG Degree	Yes / No
16	Teaching Experience Certificate (In absence of it, experience will not be taken in to account)	Yes / No
17	Copies of Publications	Yes / No
18	Proof of Indexing for publication(s)	Yes / No
19	Copy of PAN Card	Yes / No
20	Copy of Aadhar Card	Yes / No

Candidate has to check / verify about all details and attachment, before submitting application. Application with deficient details or attachment will be treated as rejected without any communication.

If any communication will be needed, it is through E-mail only hence kindly re check your email address.

Signature of Applicant

Annexure -A

Sr.	Title of Research Paper	Type of Article	Name of Journal	Authorized Publication of Which Society?	National / International	Name of Indexing Agencies	As Author First / Second	Place from where journal is published ?

Signature of Applicant

