

10. Registration in Indian Medical Council:

(Enclose attested photo copies of the certificate) (For Medical graduates only)

State

No.

Date

a) U.G.

b) P.G.

11. Experience (Teaching): Use Additional Sheets if required

(Enclose attested photo copies of the experience certificate /Salary)

	Job Title	Institution	Period		Duration		Salary	Reasons for Leaving
			From DD/MM/YY	To DD/MM/YY	Yrs	Mon ths		
1								
2								
3								
4								
5								

12. Research Experience : Use additional sheet if required (Enclose attested photo copies of the certificate)

	Institution	Field	Period		Duration	
			From DD/MM/YY	To DD/MM/YY	Yrs	Months
1						
2						
3						
4						
5						

13. Publications: Use Additional Sheets if required (Enclose attested photo copies)

	Journal Reference	Title
1		
2		
3		
4		
5		

14. Membership in Academic/Professional Associations (if any)

- 1.
- 2.
- 3.
- 4.

15. Any other relevant information (Please also indicate the salary expected):

I, hereby, declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found incorrect or suppressed, my candidature at any stage is liable to be cancelled. I further understand that in case I am appointed on the basis of false and untrue information furnished, my services are liable to be terminated forthwith without any notice.

Place :

Date :

Signature of the Candidate

Note: Applications without Demand Draft for Rs.250/- (Rs.100 for SC/ST) drawn in favour of Puducherry Medical College Society, will be summarily rejected and no further correspondence will be entertained.