



Vyas Medicity, Pali Road, Jodhpur

NH-62, Pali Road, Kudi Haud, Near Vyas Campus, Jodhpur

Toll Free: 18008891108, Ph. (0291) 2959108, Email: hr@vyasmedicity.com, website: www.vyasmedicity.com

Application Form (Doctors / Faculty)

1. Name of Faculty: _____
2. Age & Date of birth: _____ (Years) ____ / ____ / _____
3. Photo ID submitted: PAN Card/Aadhar Card/Voter ID/Passport copy
Number: _____
Issuing Authority: _____
4. Father Name: _____
5. Gender (Male / Female): _____ Blood Group: _____
6. Complete Residential Address of the employee:
 - a. Present: _____
_____ City _____
State _____ Post Code _____
 - b. Permanent: _____
_____ City _____
State _____ Post Code _____
7. Copy of Proof of Residence submitted and original verified: Yes / No
(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)
8. Contact details:
 - a. Residence telephone with STD code: _____
 - b. Mobile Phone Number: _____
 - c. Alternative Phone Number: _____
 - d. Email address: _____
9. PAN Card Number: _____ Aadhar card Number: _____
10. Marital Status: _____ Nationality: _____
11. Spouse Name: _____ Educational Qualification: _____
Occupation: _____ Designation: _____
Employer Name: _____

Attach a recent passport size color photograph with signature and seal of the Principal / Dean across it

12. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
MBBS				
MD/MS				
DM/MCh				
PhD				

a. MD/MS subject: _____

b. DM/MCh subject: _____

c. PhD subject: _____

13. Other Qualifications: _____

14. Details of Corporate Hospital experience till date:

Designation*	Department	Institution	From	To	Total
Junior Consultant			--/--/---	--/--/---	__(y)__(m)
Senior Consultant			--/--/---	--/--/---	__(y)__(m)
Consultant			--/--/---	--/--/---	__(y)__(m)
Consultant			--/--/---	--/--/---	__(y)__(m)

* Write NA (Not Applicable) for the designations not held

15. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident			--/--/---	--/--/---	__(y)__(m)
Senior Resident			--/--/---	--/--/---	__(y)__(m)
Tutor			--/--/---	--/--/---	__(y)__(m)
Asst. Professor			--/--/---	--/--/---	__(y)__(m)
Assoc. Professor			--/--/---	--/--/---	__(y)__(m)
Professor			--/--/---	--/--/---	__(y)__(m)

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defence Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/---	--/--/---	__(y)__(m)
Classified Specialist		--/--/---	--/--/---	__(y)__(m)
Advisor		--/--/---	--/--/---	__(y)__(m)

* Note: Documents in support of each posting to be furnished for verification

16. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

17. Details of employment before joining the present/working institution:

- a. Name of Hospital/Institution: _____
- b. Designation: _____ Date on which relieved: _____
- c. Reason for being relieved: Tendered resignation / Retired / Transferred / Terminated
- d. Relieving order issued by previous institution verified and attached: Yes / No
- e. Notice Period: _____ (month)
- f. HR Name with Mob. No. : _____
- g. Email ID (for verification): _____
- h. Salary Rs _____ pm. plus Allowance Rs. _____ pm. Total Rs. _____ pm.
Please enclose current / last pay slip of salary withdrawn.

18. Total Experience _____ Years _____ Months Till Date _____

19. Number of Research articles in Indexed Journals:

- a. International Journals: _____
- b. National Journals: _____
- c. State / Institutional Journals: _____

20. Details of other publications:

- a. Number of Books published: _____
- b. Number of Chapters in books: _____

21. Interview Date: _____ Date of joining in this institution: _____

22. Present Designation: _____ Department: _____

23. Appointment (i) Regular/Contractual/Ad-hoc basis
(ii) Full time /Part time
(iii) With Private practice / Without Private practice

24. Campus Allotment Addresses: _____

_____ City _____

State _____ Pin Code _____ Landline _____

25. Salary Rs _____ pm. plus Allowance Rs. _____ pm. Total Rs. _____ pm

26. Name and Addresses of Two References:

(a) Name: _____

Address: _____

Mob. Number: _____

Relation: _____

(b) Name: _____

Address: _____

Mob. Number: _____

Relation: _____

27. Do you suffer from any major ailments / medical problems? Yes / No

If Yes, Give details:

28. Have you ever been convicted by any court of law or any disciplinary proceeding/enquiry is pending against you or any penalty has been imposed upon you? Yes / No.

If Yes, Give details:

29. Your Strengths:

30. Your Weakness:

31. Your Hobbies:

I, hereby certify that the information provided above is true to the best of my knowledge / belief.

If any information is found to be false/ incorrect, it will disqualify me for employment in Vyas Medicity.

Signature of Faculty/ Candidate

Date:

Signature of Medical Superintendent/ Dean.

Date:

Signature of HOD

Date:

Signature of Head of Administration

Date:

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee	Yes / No
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card	Yes / No
3.	Certified copy of Appointment order of the present Institute/Hospital.	Yes / No
4.	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/ Aadhar Card	Yes / No
5.	Joining report at the present institute/Hospital.	Yes / No
6.	Copies of MBBS, PG, PhD degrees (as applicable).	Yes / No
7.	Copies of MBBS, PG, PhD degree Registration Certificates (as applicable).	Yes / No
8.	Copy of experience certificates of all appointments before joining present post.	Yes / No
9.	Relieving order from the previous institution/posting.	Yes / No
10.	Copy of PAN Card	Yes / No
11.	Form 16A (downloaded from TRACES) for FY 202__-2__ (Assessment Year 202__-2__)	Yes / No
12.	Letter head (in case of teachers who are practicing)	Yes / No
13.	Copy of letter from affiliating University recognizing as UG teacher	Yes / No
14.	Copy of letter from affiliating University recognizing as PG teacher (for PG assessment)	Yes / No
15.	Copy of Aadhar Card	Yes / No

Signature of Faculty/Doctor
Date:

Signature of HR Department.
Date:

Signature of Establishment Department
Date:

Signature of Account Department
Date: