

7. Educational Qualifications:
(Please attach attested copies of certificates/degrees in support of your qualifications)

a) Undergraduate Career

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/Institution
Matric/SSC				
Intermediate/HSC				
B.Sc.				
MBBS/BDS				
1 st Prof.				
2 nd Prof.				
3 rd Prof.				
Final Prof.				

b) Postgraduate Career

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/Institution
MD/MS/MDS				
DM/M.Ch.				
DNB				
M.Sc.				
Ph.D.				

8. Teaching/Research Experience: (Please attach attested copies of experience certificates)

a) Before obtaining Postgraduate Qualification:

Post Held (Indicate Temporary/Permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Years	Months	Days		

b) After obtaining Postgraduate Qualification:

Post Held (Indicate Temporary/Permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Years	Months	Days		

9. Details of Prizes, Medals, Scholarships & National/International Awards etc.:

10. Additional qualification such as membership of scientific society etc.:

11. Research experience, if any, together with details of published works in indexed journals

Number of papers:

	Published		Accepted for publication	Presented at conference
	Indexed	Non Indexed		
National				
Inter-National				

12. Chapter in books/books edited:.....

13. a) Present employment/post held:.....
 b) Pay Scale:.....
 c) Total emoluments drawn:.....
 d) Address of present employer:.....
 e) Whether No Objection Certificate from the Employer is attached, if not, reason thereof:

14. Are you willing to accept the minimum initial pay offered? If not, state what is the exact initial pay you would accept in the prescribed scale?

15. If selected, what notice would you require before joining:

16. Have you been outside India for Academic Purpose? If so, give following information:

Country visited	Dates of visit		Duration of visit			Purpose of visit
	From	To	Years	Months	Days	

17. State the foreign languages you know:

Foreign Language	Can read	Can write	Can speak

18. Give below the names/particulars of two referees from your speciality who are in a position to testify from personal knowledge to your fitness for the post.

Sl.	Name	Status	Address	Phone/Mobile No.	E-mail
1					
2					

- Note : i. You should have worked under one of the referees for at least two years.
 ii. They must not be related to you.
 iii. They must not be members of the Selection Committee of the Institute

19. I attach attested copies of certificates/degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-I**.

20. Self-evaluation of your work, particularly its strengths in different field of activity including patient-care, teaching, research and administrative, related to the job, which, in your view, entitles you to the post applied for may be given in **Annexure-II**.
21. Please submit alongwith your application, the photocopies of your publications which you consider '**BEST**' as under:-
- i) For the post of Professor : (1 copy each of 10 best publications)
 - ii) For the post of Associate Professor and Assistant Professor : (1 copy each of 5 best publications)

Date:.....

Place:.....

Signature of the candidate

Declaration by the candidate

Post applied for at NEIGRIHMS, Shillong.

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof. I am not aware of any circumstance which might impair my fitness for employment under the Government.

Date:.....

Place:.....

Signature of the candidate

DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

I _____ Son/daughter/wife of _____
resident of Village/Town/City/District _____
State _____ Community _____ (certificate enclosed) hereby
declare that I belong to the _____ community which is recognized
as a backward class by the Govt. of India for the purpose of reservation in services as per orders
contained in Department of Personnel and Training Office Memorandum No.36012/22/93-Estt(SCT)
dated 8.9.1993. It is also declared that I do not belong to the persons/sections (creamy layer) mention in
Column 3 of OM No.36012/22/93-Estt(SCT) dated 8.9.1993 and modified vide Govt. of India,
Department of Personnel and Training OM No.36033/3/2004-Estt(Res) dated 9.3.2004.

Date:.....

Place:.....

Signature of the candidate

Note: The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

Candidates already employed should get the following endorsement signed by his/her present employer (appointing authority).

1. Certified that Dr./Shri/Smt./Kumari _____ holds a post of _____ in this department/office/institution/organization. I have no objection to his/her application being considered for the post.
2. Certified that he/she submitted his/her application to the department/office/institution/organization on _____ for onward transmission to the NEIGRIHMS, Shillong.

Date:.....

Place:.....

Signature

Designation.....

Office Stamp.....

List of enclosures: (Required under column 19 of the application)

Sl.No.	Particulars of enclosures	Marked page(s)
1	Birth Certificate	
2	Matriculation certificate	
3	B.Sc.	
4	MBBS/BDS/M.Sc. certificate	
5	MD/MS/MDS certificate	
6	DNB/DM/M.Ch./Ph.D certificate	
7	Experience certificate (s)	
8	Community certificate (SC, ST, OBC, PH)	
9	Registration with Medical Council Certificate	
10	Any other relevant certificate (s)	

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong

Post applied for :.....

SELF EVALUATION

(Require under Column 20 of the application)

Date:.....

Signature of the candidate

SPACE FOR OFFICE USE:

1. Whether applied through proper channel? Yes/No
2. The candidate is within age limit/overage by _____Yrs_____months_____days
3. Remarks

BRIEF OF CANDIDATE FOR DIRECT RECRUITMENT

Name :..... Category:.....

Post:..... Specialty:..... date of birth:.....

Qualifications:

Degree	Year of passing	No. of attempts	Institution
MBBS			
MD/MS			
DM/M.Ch.			
DNB			
M.Sc.			

Experience:

Level/Designation	Duration		Organization/Institution
	From	To	

Paper Published:

	Indexed	Non Indexed	Accepted for publication	Presented at conference
National				
Inter-National				
Total				

Awards/Recognitions:

Chapter in Books:

Any other information:

Notice period required for joining: