

**APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR OF CMC,
CHURACHANDPUR.**

To,

**The Director,
CMC, Government of Manipur.**

Sir,



I beg to submit the Application form for appointment as Assistant Professor in the Department of CMC, Churachandpur.

1. Full name in Block letters :.....
2. Father's/Husband's Name :.....
3. Date of Birth :.....
4. Age (as on the last day of submission of application) :.....
5. Gender :.....
6. Marital Status :.....
7. Permanent address in full :.....
.....
8. Present address :.....
.....
9. Contact Number :.....
10. Email ID in Block letters :.....
11. Domicile State :.....
12. Category (General/ST/SC/OBC) :.....
13. Sub Category (if any) :.....
14. Details of examination passed:

| Examination | Name of the Institute | Name of Board/Council/University | Month & Year of Passing | % of marks obtained |
|----------------------------------|-----------------------|----------------------------------|-------------------------|---------------------|
| 10+2/PUC | | | | |
| MBBS | | | | |
| MD/MS/M.Ch/DM With speciality | | | | |
| DNB | | | | |

15. Teaching experience

(a) Before Post Graduation (if any)

| Sl. No. | Post (s) held | Name of College/Institution | Period of service | | Nature of Appointment | Reason of leaving |
|---------|---------------|-----------------------------|-------------------|----|-----------------------|-------------------|
| | | | From | To | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(b) After Post Graduation (if any)

| Sl. No. | Post (s) held | Name of College/Institution | Period of service | | Nature of Appointment | Reason of leaving |
|---------|---------------|-----------------------------|-------------------|----|-----------------------|-------------------|
| | | | From | To | | |
| | | | | | | |
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| | | | | | | |

16. Research works & Publications:

| Sl. | Year of publication | Name of Journal including Vol/. no., Page no., etc | Title | Indicate whether 1 st author or Co-author |
|-----|---------------------|--|-------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

17. Seminar/Workshop/Conference attended:

| Sl. No. | Year | Name of event indicating participation level (Paper presentation etc.) | Details of presentation |
|---------|------|--|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

18. Whether you have published any book or contributed a chapter in a book? If so, kindly fill the details:

| Name of the Book published | Chapter contributed | Year of publication |
|----------------------------|---------------------|---------------------|
| | | |
| | | |
| | | |

19. Prizes and Awards received (if any):

- a.
- b.
- c.

19. Extracurricular activities:

- a.
- b.
- c.

Note: In case the space provided in the format is not sufficient, a separate statement/sheet may be attached as Annexure

DECLARATION

I, Shri/Shrimati/Kumari declare as under:

- i. That I am unmarried/a widower/a widow
- ii. That I am married and have only one spouse living
- iii. That I have entered into or contracted a marriage with a person having a spouse living.
Application for grant of exemption is enclosed.
- iv. That I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.

AND

- v. That I hereby declare that the entries made in the format are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect, my candidature/services are liable to be terminated without any notice.

Station.....

Date.....

Signature:

Full name of the applicant:

.....

List of documents enclosed (self attested) :

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

NO OBJECTION CERTIFICATE

(if applicable)

Certified that is working as a
..... On regular/contract basis in the (PB+
GP).....in the pay of P.B. Rs.....
. + G.P. Rs.....

The Institute/College has no objection to his/her applying for the post of.....,
.....at CMC, Churachandpur.

Further, certified that in case if he/she is appointed, he/she will be released from the service of
this Institute/College.

Date:
Station:

Signature
Head of the Institute/College

Name

Designation.....

Institute/College.....

Seal