

A P P L I C A T I O N F O R M

[two pages]

(Advt. No. SRTR/VIMSAR-2016(2))

[this box is for office use only]

1. Name of the applicant:(capital letters)		4. space to paste, do not staple your recent passport photo self-signed at the front						
2. No. of discipline(s) applying for :								
3. Name of discipline(s) applying for : a. _____ b. _____ c. _____ d. _____ e. _____ f. _____								
5. Address for Communication:		6. Current Place of posting:		7. Email-ID (mandatory):				
				8.Cell phone:				
9. Whether serving in Govt. of Odisha [tick]				Yes	No			
10. Sex [Tick] : Male / Female		11. Nationality:						
12. Date of birth in figure		Year	Month	Date				
13. Age (on 1st January 2016)		Years	Months	Days				
14. Whether claiming age relaxation:		Yes	No	Ground of relaxation				
15. Reservation Category (tick):		SC	ST	SEBC	UR			
16. Marks :								
Examination	Board / University	Year of passing	Chance(s) for Passing	Maximum Marks (without extra - optional subjects)	Total Marks secured (without extra - optional subjects)	Marks for selection (20% of Class 10 + 20% of +2 + 60% of MBBS/BDS/M.Sc.)	Marks deducted (1 mark for each extra chance)	Final Score
a. Matriculation								
b. +2								
c. MBBS/BDS/M. Sc.								
d. MD/MS/MDS								
e. DM/MCh								
TOTAL								
17. Medical Registration		Registration No						
		Name of Council						

18. Service Particulars : (from past to present)

Place	Designation	Period	
		From	To

19. Details of Demand Draft enclosed :

Amount (Rs).....No.....Dt..... No. of disciplines applied for.....

20. Supporting Documents (photocopies): (Tick and serially number those enclosed)

HSC/ Matriculation Pass Certificate	DM/MCh Chance Certificate	
+2 Pass Certificate	HSC/ Matriculation Mark Sheet	
MBBS/BDS/M.Sc. Pass Certificate	+2 Mark Sheet	
Internship Completion Certificate	MBBS/BDS/M.Sc. Mark Sheets	
MD/MS/MDS Pass Certificate	Certificate of Reservation Category	
DM/MCh Pass Certificate	Certificate of Medical Registration (latest degree)	
MBBS /BDS/MSc Chance Certificate	Service Experience Certificate	
MD/MS/MDS Chance Certificate	No Objection Certificate from employer (if applicable) .	

21.DECLARATION: [✓ tick options applicable/ x cross other options/ leave no box vacant]

I, Dr. hereby declare that,

- 1. I have not worked/am not working as SENIOR RESIDENT / TUTOR in any MCI recognized Medical Institute till date.
- 2. I am working /have worked as SENIOR RESIDENT /TUTOR at for the period from..... to
- 3. My service as SENIOR RESIDENT /TUTOR has not been terminated in any Govt. Medical College in the state for whatsoever reason.
- 4. I have not been selected/ I shall forfeit my selection as SR/Tutor in any of the Govt. Colleges of Odisha.
- 5. All the information provided in this application form are true to the best of my knowledge; in case anything turns out to be false my candidature for the post of SR. RESIDENT/TUTOR at VIMSAR will be forfeited anytime during or after the selection to the post.
- 6. I will forfeit my claim to the post if I fail to join within the allotted joining period.
- 7. I shall be willingly executing a Bond as prescribed towards 'no private practice', 'no agitation or cease work' and no-claim of continued posting at the institute ' in case I join the post.

Full Signature of Applicant /Date-/Place.....

NO OBJECTION CERTIFICATE
(for Non-Odisha Govt. Employer/ Authority)

To whomever it may concern

This is to certify that the undersigned has no objection whatsoever if

Dr.....

working as

at

applies for the post of Senior resident/Tutor at VSS Institute of Medical Sciences and Research and he/she will be relieved in time in case of his/her selection to the post.

Signature of Competent Authority/Employer:

Full Name:

Designation:

Organization:

Date:

