

15. Professional Experience:

S. No.	Period	Post Held & Scale of Pay	Name of the Employer	Reason for leaving

16. List of Publications:

S. No.	Details of publication including all authors (attach separate sheet if required)	Journal Name	Impact Factor (Only SCI indexed)

17. Title of MD/Ph.D. Thesis, if applicable:

18. Employment Exchange Registration details, (if available): No: _____ Exchange: _____

19. If selected what period would you require joining the post: _____

20. Have you ever been declared unfit by a medical board/court for appointment in any Govt. Service? (Yes/No), if Yes, give details _____

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief and I agree to the terms and conditions of appointment given in advertisement.

Date: _____

Place: _____

Signature of the Candidate