

APPLICATION FORM

Affix a recent
passport size colour
photograph

1.	Name in full (Block letters) (The name should be as same as in his qualification degree)	
2.	Father/Husband's Name	
3.	Date of Birth	
4.	Nationality	
5.	Medical Qualification i.e. MBBS/MD (Photocopy of the certificate/mark-sheets should be annexed)	
6.	MCI registration number and place of registration (Photocopy of the certificate/mark-sheets should be annexed)	
7.	Present Residential Address in full	
8.	Permanent Residential Address in full	
9.	Mobile No. & E-mail address	
10.	Full Address of Clinic/Medical Centre	
11.	Work experience, if any in Govt. Hospital/Private Hospital (copy should be enclosed)	
12..	Whether Registered/Engaged with any Trust/Reputed Organization (Copy of the same should be attached)	
13.	Whether in case of exigency, ready to treat at his/her own residence/clinic and can visit ICAR-NINFET Office Campus at any time beyond duty hours(Yes/No)	
14.	If debarred/black listed by any organisation for medical negligence or medical lapse(Yes/No)	

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I also undertake that I have not been ever involved in any corrupt practice(s) and no case has been lodged against me at any local Police Station/CBI/CVC/any Court etc.

Date.....

Place.....

Signature of Candidate