

Kothiya Hospital, B/h. Torrent Power Station, Uttamnagar, Nikolgam Road, Ahmedabad - 382350.
Website : www.kothiyahospital.com/

APPLICATION FOR FACULTIES, SR & JR



AFFIX
PASSPORT
SIZE
PHOTO

1. Post Applied for : _____
2. Name of Candidate : _____
3. Address : _____

4. Telephone No : (Phone) _____ (Mobile) _____
5. Local Contact Address: _____

6. Date of Birth : / /19 Age : _____yrs Sex : M/F _____
7. Present Job : _____
8. **Education Qualification** :

Sr. No	Examination	Year of Passing	University	Total Marks	%	Attempt
1	MBBS					
2	MD/MS					
3	DNB/DM/ M.Ch					
4	DIPLOMA					

9. **Details of Teaching Experience** :

Sr. No	Teaching Post held	Name of Institution	Date		Total Period	
			From	To	Year	Month
1	JR					
2	SR					
3	TUTOR					
4	ASSISTANT PROFESSOR					
5	ASSOCIATE PROFESSOR					
6	PROFESSOR					

Kothiya Hospital, B/h. Torrent Power Station, Uttamnagar, Nikolgam Road, Ahmedabad - 382350.
Website : www.kothiyahospital.com/



10. Details of Research Papers Publications / Presentation :

Published	No. of Paper Published	Year of Publication	Name of Journal	Whether Journal is an Indexed Journal (Yes/No)	Name of Article
National Journal					
International Journal					

11. Details of latest MCI Inspection attended :

- a. DD/MM/Year : _____
- b. Institute : _____ (MCI Code : _____)
- c. Designation : _____ (MCI Code : _____)
- d. Department : _____ (MCI Code : _____)

12. BCBR Training (Yes / No) Month & Year :- _____

13. Name of Two Reference (with Phone No.)

- 1) _____
- 2) _____

14. List of Enclosures (attested Copies – in following order)

- | | |
|---|--|
| (1) Final MBBS Mark Sheet | (8) Teaching Exp. Certificate |
| (2) MBBS Attempt Certificate | (9) Internship Completion Certificate |
| (3) P.G. Mark Sheet | (10) School Leaving Certi. / Birth Certi |
| (4) P.G. Attempt Certificate | (11) Research Publication |
| (5) MBBS/P.G – Registration Certificate | (12) NOC / Relieving Order |
| (6) MBBS/P.G. – Degree Certificate | (13) Aadhar Card |
| (7) Pan Card | (14) BCBR & BCME Certificate |

Undertaking :

I declare that information stated above are true to the best my knowledge. If above information is found to be false; I am bound to obey the decision of selection committee.

Place:

Date :

Signature of Applicant