

HIMALAYA MEDICAL COLLEGE & HOSPITAL



Run By:- Himalaya Educational Trust

Chiksi, (SH-69), Paliganj, Patna, Bihar - 801110

Contact: 9304637349, 9334767990

Email id - himalayauni.hmch@gmail.com

Website : www.hmcedu.in

Application Form For Doctors Only

Junior & senior residents have to stay compulsorily in campus and are non-practicing posts. Faculty staying in campus are strictly not allowed to do private practice and have to attend emergency calls also.

Application for the post of :

in the department of :

Name of Applicant :

Father's/Husband's Name :

Date of Birth :/...../.....Age.....Years Gender.....

Address for Correspondence :

.....

.....

.....

Permanent Address :

.....

Contact No. : 1(Whatsapp).....2.....

Email ID :

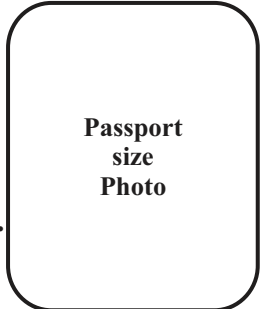
PAN Card No. :

Aadhar Card No.....

Spouse (Designation If Doctor):.....Mobile No.....

Number of Children :

Class in which studying:-.....



Academic Qualifications :-

Degree	Name of the Institute & its Town	University	Mouth & Year of Passing	Attempt
MBBS				1 st MBBS
				2 nd MBBS
				3 rd MBBS-I
				3 rd MBBS-II
PG Diploma ()				
MD/MS ()				
DNB/MSc ()				
DM/MCH ()				

Registration of Degrees:-

Degree	Name of Medical Council	Registration Number	Date
MBBS			
PG Degree			

Category of Caste (✓):- Open/SC/ST/VJ/NT/OBC/Other

Specify Caste:-..... Religion:-.....

Presently Working with:-

Name of the Institution			
Designation		Since (Date)	

Experience:- (Experience of recognised and permitted medical colleges (after LOP) only, however stop admission duration after LOP will be considered)

Post	Name of the Institute & its Town	From DD/MM/YYYY	From DD/MM/YYYY	Experience		
				YY	MM	DD
Tutor/ Junior Resident						
Senior Resident						
Lecturer/Assistant Professor						
	Total Teaching Experience as Assistant Professor →					
Reader/Associate Professor						
	Total Teaching Experience as Associate Professor →					
Professor						
	Total Teaching Experience as Professor →					
Dean/Principal/MS						
Grand Total of Teaching Experience →						

To be filled in by Ex-Army Person only:

Designation	Name of the Institute & its Town	From DD/MM/YYYY	From DD/MM/YYYY	Experience		
				YY	MM	DD
Graded specialist						
Classified specialist						
Advisor						

Are you PG Guide :- Yes/No. Number of students Guided till date
 (Attach university letter of PG Guide ship)

- Have you undergone Training in "Basis Course Workshop" and "and ATCOM Module" at MCI Regional Centre or in your college under Regional Centre Observer ship? Yes / No
- Have you undergone advanced course training in Medical Education? Yes / No
- Do you have any Diploma/Degree/Fellowship in Medical Education? Yes / No
- Have you undergone "Basic Course in Biomedical Research" from Institute(s) designated by MCI? Yes / No
- Have you been considered by MCI in any UG/PG inspection at any other medical college during last 3 years. If yes, give detail

Date of appearance in last UG inspection: - Institute:-

Date of appearance in last PG inspection: - Institute:-

Whether appeared in last MCI-UG/PG assessment on same designation- Yes/No

- Have you undertaken any research Project as Principal or Co-Principal Investigator (PI/CoPI) funded by ICMR/DST/DBT/or any other body? Yes / No
- Number of Publications of Original Research Papers (In Indexed Journals as 1st/2nd/3rd Corresponding Author only):-
 1. Abstract, Letter to editor, Health education article, Review article, Case report etc. shall not be considered.
 2. Publication in E-Journals shall not be considered.
 3. All Research Paper should be of your subject only.
 4. Indexing of your journals should be minimum by 1 agency out of 7 MCI approved indexing agencies: Scopus, Pubmed, Medline, Expanded Embase, Citation Index, Science Citation Index and Directory of Open Access Journals (DOAJ). Indexing by other agencies will not be considered.

(Mention your best 4 papers 2 during the tenure of assistant professor and 2 during the tenure of associate professor)

S. No	Name of Authors	Title of Research Paper	Name of Journal	Volume no. & Year of Journal	Starting & ending page no.	Indexed By
1						
2						
3						
4						

Present Salary : Expected Salary :

If selected by Selection Committee:-

- Do you require residential quarter in Campus:- Yes/No
- Do you prefer to do private practice:- Yes/No, If Yes, Specify
 - Place of practice :
 - Working hours of practice :

(Note:- Private practice is not permitted for faculty residing in campus)

Time required for joining :-..... months, Date of joining (on or before).....

Extra information which you would like to furnish :-

I hereby declare that the above given details are absolutely true, correct and authentic. I am not bonded with the institutions from where I have passed my MBBS/PG Degree and also not bonded with previous employers. No civil/criminal/ethical enquiry is pending against me. In the event of any information furnished by me is found incorrect, my services shall be terminated immediately without any notice and appropriate authority may be informed for necessary civil/criminal disciplinary action.

Applicant's Signature

Check List of Documents to be attached

S.No.	Documents	Yes/No
1.	PAN Card	
2.	Aadhar Card	
3.	Proof of residence : Passport / Voter Card / Telephone Bill / Electricity Bill/ Registered Rent Agreement.	
4.	Copies of Degree Certificates of UG and PG Degree.	
5.	Copies of Registration of UG and PG Degree.	
6.	Copies of 3 Years JR Ship Certificates	
7.	Copies of Experience Certificates for all appointments held before joining present institute.	
8.	Copy of relieving order from the previous institution.	
9.	Copy of Form 16 (TDS) Certificate) for the last financial year.	
10.	Copy of Letter head (in case of Faculty who are practicing)	
11.	Reprints of all Research Publications with Proof of Indexation -Minimum 2/4 best papers on the basis of which you are claiming desired designation.	
12.	Copy of Medical Education Technology Training Certificate, Advance Course & Fellowship.	
13.	Copy of Basic Course in Biomedical Research Certificate.	
14.	Copy of University letter of PG Guide Ship.	
15.	Colour Passport Photo - Soft Copy & 6 Hard Copies.	
16.	For NABH -10th & 12th Board Certificate, Mark list of 10th, 12th, all MBBS, Diploma, MD/MS, Attempt Certificates, Internship Completion Certificate, Passport, Covid Vaccination & Hepatitis-B Vaccination Certificate.	

Remarks (Selection Committee):-

**Signature of
Chairman Selection Committee**