



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector-1, Kamothe, Navi Mumbai - 410209

Tel. No. 022-27432471, 022-27432994, Fax No. 022 - 27431094

E-mail : registrar@mgmuhs.com | Website : www.mgmuhs.com

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passport
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To
The Registrar,
MGM Institute of Health Sciences,
Sector -01, Kamothe, Navi Mumbai - 410 209

Application for the Post of Teaching Faculty

Advertisement Dated: / /2018

Post applied for: Department:

Name of College applying for:

For the Navi Mumbai Aurangabad Any Campus

1) Name: _____
(In Capital letters) Surname First Name Father's / Husband's Name

2) Address for Correspondence: _____

_____ Pin Code _____

Permanent Address: _____

_____ Pin Code _____

3) Contact Tel. Nos. : STD code _____ (Res.) _____ (Off.) _____

E-mail ID _____ Mobile No. _____

4) Date of Birth: ___/___/_____ (in words) _____

5) Age as on (/ /2017): _____

6) Nationality: _____ 7) Religion: _____

8) Sex: Male Female TG

9) Marital Status: Married / Unmarried

10) Educational / Professional / Technical Qualifications:

(Mandatory to attach all necessary copies of attested Mark sheets, e.g. SC/ HSC/UG/Diploma/ PG / Ph. D degree etc.)

| Sr. No. | Examination Passed | Name of Board / University | Year of Passing | Subjects Taken | Percentage of Marks obtained | Grade |
|---------|--------------------|----------------------------|-----------------|----------------|------------------------------|-------|
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(Please attach separate sheet if necessary)

11) No. of Publications, if any: (Please attach list separately).

A) National _____

B) International:- _____

12) Experience: (Please attach attested copies of necessary Certificates)

| Sr. No. | Name of the Institution | Post held | Period | | | Pay Band & Grade pay | Reason for leaving services (if any) |
|---------|-------------------------|-----------|--------|----|--------------|----------------------|--------------------------------------|
| | | | From | To | Total Period | | |
| | | | | | | | |
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(Please attach separate sheet if necessary)

13) Any other information or achievement, which you would like to provide:

(Please attach separate sheet if necessary)

Declaration:

I Son / Daughter of Shri.
..... aged years Occupation Resident of
..... hereby declare that the
copies attested by me are true copies of original documents. I am well aware of the fact
that if the copies are found to be false, I shall be liable for prosecution and punishment
under Indian Penal Code and / or any other law applicable thereto. It is hereby declared
that above information is correct and complete to the best of my knowledge and belief
and nothing has been concealed / distorted. If at any time I am found to have concealed
/ distorted any material information, my appointment shall be liable to be summarily
terminated without notice / compensation.

CHECK LIST FOR THE APPLICANT (to be attached to the duly completed application):

Put \checkmark as applicable

- | | |
|--|----------|
| 1) Self attested Photograph affixed on the Application: | Yes / No |
| 2) Application Signed: | Yes / No |
| 3) An attested copy of each of the following certificate is attached | |
| a) Date of Birth / Proof of Age: | Yes / No |
| b) Educational qualification documents: | Yes / No |
| c) Experience Certificate, if applicable: | Yes / No |

NOTE:

Incomplete Application will be rejected and no correspondence will be entertained on this behalf.

Place:

Date: / /2018

(Name & Signature of the Applicant)