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**Paste recent passport size photograph**

**­­­­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

**To**

**The Registrar,**

**MGM Institute of Health Sciences,**

**Sector -01, Kamothe, Navi Mumbai - 410 209**

# Application for the Post of Teaching Faculty

**Advertisement Dated:** / /2017

**Post applied for**: ………………………………………………………………… Department: …………………………………………………………

**For the Navi Mumbai Aurangabad Any Campus**

**1) Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**2) Address for Correspondence:** \_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Permanent Address: ­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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.)

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| --- | --- | --- | --- | --- | --- | --- |
| **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)

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| **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:**

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(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 √ 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:** / /2017 **(Name & Signature of the Applicant)**