**NATIONAL INSTITUTE OF FOOD TECHNOLOGY ENTREPRENEURSHIP AND**

**MANAGEMENT-THANJAVUR (NIFTEM-T)**

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| Paste Your recent Passport Size Photograph |

**Application Proforma**

**Application for the Post of: Lady Medical Doctor (Part - Time) on contractual basis**

|  |  |  |
| --- | --- | --- |
| 1. | Post applied for  |  |
| 2. | Name of the candidate |  |
| 3. | Nationality |  |
| 4. | Father’s Name |  |
| 5. | Mother’s Name |  |
| 6. | Date of Birth |  |
| 7. | Category : (UR/SC/ST/OBC/EWS) |  |
| 8. | Mailing address:  |  |
| House No. & Street |  |
| Area |  |
| City/Town with Pin Code |  |
| District |  |
| 9. | Telephone No. |  |
| 10. | Mobile No. |  |
| 11. | E-mail address |  |

|  |  |
| --- | --- |
| 12. | **Qualification:** |
|  | S.No | ExamPassed | University/College/Institute | Year of Passing | Class | Percentage of Marks |
|  | M.B.B.S |  |  |  |  |
|  | MD |  |  |  |  |
|  | MS |  |  |  |  |
| 14. | Medical Council Registration No. & Place: |

|  |  |
| --- | --- |
| **15.** | **Experience:** |
| Sl.No | Organization | Post Held | Period | Last Pay | Nature of duties |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Declaration:

 I declare that the information furnished above is true and belief to the best of my knowledge. At later stage the information provided by me is found incorrect, my candidature may be cancelled without further notice.

Place & Date: (Signature of the Candidate)

 Name