**Annexure-A**

**Proforma**

Application for engagement of Part Time Doctor at Clinical Centre, CSIR-NEIST, Jorhat

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. 1. | Name in full (Block Letter) | | |  | | | Attested photograph to be posted | |
| 1. 2. | Father’s/ Mother’s Name | | |  | | |
| 1. 3. | Date of Birth | | |  | | |
| 1. 4. | Nationality | | |  | | |
| 1. 5. | Religion | | |  | | |
| 1. 8. | Compete residential Address with phone  number/Mobile No. | | |  | | | | |
| 1. 9. | E-mail id | | |  | | | | |
| 1. 10. | Phone/Mobile No. | | |  | | | | |
| 1. 11. | Aadhar No. | | |  | | | | |
| 1. 12. | Educational Qualification (in chronological order from 10th standard onwards.) | | | | | | | |
|  | Exam  Passed | University/Institution/Board | Year of Passing | | Subjects | Marks % | | Division/Class |
|  |  |  | |  |  | |  |
|  |  |  | |  |  | |  |
|  |  |  | |  |  | |  |
|  |  |  | |  |  | |  |
|  |  |  | |  |  | |  |
|  |  |  | |  |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 12. | **Employment records (in chronological order, starting with the first job)** | | | | |
|  | Name and address of  employer/institution | Period | | Designation of post held and  scale of pay | Nature of work and  level of responsibilities. |
|  | From | To |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 13. | Additional relevant information, if any, in support of your suitability for the said engagement, attach a separate sheet, if necessary | | |  | |
| 14. | Details of Enclosures | | | 1. Educational Qualification: 2. Experiences: 3. Any other relevant documents : | |

15. Details of blood/close relative employed in CSIR-NEIST: -

1. Undertaking/Declaration: - I hereby declare that all the statements & information made in the application are correct and complete to the best of my knowledge & belief and nothing has been concealed/distorted. I further declare that I was clear from vigilance angle at the time of my retirement (in case of Govt. Employee) and I am medically fit to perform office work. In the event of any statements & information being found false or incorrect at any time, action may be taken against me and I shall abide by the decision of authority, my engagement shall be liable to be summarily terminated without notice/compensation.

(Signature of Candidate) Name……………………………..

Place………………...

Date…………………