**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 phonenumber/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.) |
|  | ExamPassed | University/Institution/Board | Year of Passing | Subjects | Marks % | Division/Class |
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| 12. | **Employment records (in chronological order, starting with the first job)** |
|  | Name and address ofemployer/institution | Period | Designation of post held andscale of pay | Nature of work andlevel 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…………………