

# ZORAM MEDICAL COLLEGE (An Autonomous Institute under the Government of Mizoram)

FALKAWN - 796005

# I. Details of Post

- 1) Name of Post Applied for:
- 2) Department:

## II. Personal Details

- 1) Name of the Applicant:
- 2) Son/Daughter of:
- 3) Date of Birth [dd/mm/yyyy]:
- 4) Age (as on last date of submission of the application form) [year month day]:
- 5) Gender:
- 6) Nationality:
- 7) Original Category [ST/SC/OBC/Gen]:
- 8) Are you PwD (Person with Disability)?
- 9) Eligible Category [PwD/Gen(UR)/ST/SC/OBC]:

## III. UG Qualification

- 1) Qualifying Examination Passed [MBBS/BSc./etc.]:
- 2) Year of Examination Passed:
- 3) Name of College/Institute/University:
- 4) Name of Medical Council Registered:
- 5) Medical Council Registration Number:

IV.	PG Qualification  1) Qualifying Examination Passed (MD/MS/MSc./etc.):							
	2) Year of Examination Passed:							
	3) Name of College/Institute/University:							
	4)	4) Name of Medical Council Registered:						
	5)	5) Medical Council Registration Number:						
V.	Eve	nonioneo Notaile						
SN		Namo at Instituto / Urganisation   Namo at the Mast   From Uato   In Uato				Duration of Service		
						OCI VICE		
Total W	ork Expe	<b>rience</b> Year(s),	Month(s),	Day(s).				
VI.	<u>Pr</u> (1)	esent Address Details Address Line 1:						
	2)	State:						
	3)	Town / City:						
	4)	Pin Code:						
	5)	Mobile Number:						
	6)	Confirm Mobile Number:						
	7)	Email address:						
	8)	Confirm Email address:						
	9)	9) Alternate Mobile Number:						

VII.	Permanent Address Details 1) Address Line 1:				
	2) State:				
	3) Town / City:				
	4) Pin Code:				
	5) Mobile Number:				
	6) Confirm Mobile Number:				
	7) Email address:				
	8) Confirm Email address:				
	9) Alternate Mobile Number:				
VIII.	<ul> <li>ID Proof Details</li> <li>I) ID Proof (Aadhaar Card / Voters ID / etc.):</li> <li>2) ID Proof Number:</li> </ul>				
IX.	Payment Details  1) Amount:				
	2) Payment Mode:				
	3) Payment status:				
X.	Candidate Document / Image upload Details:  1) Photo:				
	2) Signature:				

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- 1. The Applicant may submit the application form in **hard copy** or **soft copy** (*preferably soft copy*). If submitted in hard copy, the filled-up of this application form and necessary documents should be submitted as instructed below. \*\*
- 2. The applicant can also submit the application form in soft copy by clicking on the link given in the Advertisement page and fill up the Google Form. A scanned/PDF copy of this application form along with documents mentioned below should be attached in the Google form (recommended) 'OR' should be sent to <a href="recruitment@zmc.edu.in">recruitment@zmc.edu.in</a>
- 3. Application form and documents should be consolidated in one PDF File and should be named as the name of the applicant.

"" For	r submission in nard copy, the envelop	e should reach the Recruitment S	ection, Zoram Medicai
College	ge on or before the last date of the appli	cation and should be super-scribe	d "APPLICATION FOR
THE P	POST OF	IN THE DEPARTMENT OF	FOR
ZORA	M MEDICAL COLLEGE, FALKAWN, MIZ	ZORAM" along with relevant docum	nents and send it to the
addres	ess mentioned below:		
To			
	The Director		
	Zoram Medical College		
	Falkawn, Mizoram		
	Pin-796005		
From	ı		
	Applicant Name		
	Applicant Address		

### XI. <u>Declaration:</u>

- I hereby declare that I have carefully read the Advertisement and filled the details.
- I hereby declare that I am an Indian National
- I understand that fees once paid will not be refunded under any circumstances.
- I hereby declare that the information given above is true and correct to the best of my knowledge and belief.
- I further declare to produce all certificates in original at the time of interview relevant to my claims made in the application.
- I also agree to forfeit my claim for interview in the event of failure to produce the relevant original certificates.
- I shall abide by the actions and decisions taken by Zoram Medical College.

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Signature	of the	Δnn	licant	
Jigilatuit	or the	TIPP	iicaiic	

Name of the Applicant

# <u>List of documents to be submitted along with the application (in the order mentioned below)</u>

- 1. MBBS Degree or equivalent Certificate.
- 2. MBBS Mark sheets or equivalent.
- 3. Internship Completion Certificate.
- 4. MD Degree Certificate or equivalent (if applicable).
- 5. Work experience/ Teaching experience certificates.
- 6. Publication (1st page of the Publication or Email of Acceptance).
  - a. List of Publications should be submitted in Vancouver style only.
  - b. Whether the journal is indexed as per latest NMC guidelines (Kindly write YES/NO).
- 7. No Objection Certificate for Govt. employees.
- 8. Age proof certificate.
- 9. Aadhaar card/PAN card/ Voter ID.
- 10. Certificates of training, conference, etc.