

## PUNE MUNICIPAL CORPORATION- MEDICAL EDUCATION TRUST'S BHARATRATNA ATALBIHARI VAJPAYEE MEDICAL COLLEGE AND HOSPITAL, MANGALWAR PETH, PUNE.

TEL.020-29980800

E-MAILbavmc,pmcrecruitment@gmail.com



	App	lication F	<u>orm</u>	·
Name of the post applied				-
Name of the Department				1
. Personal Details:				
a) Full Name (English)	:			-,-
b) Full Name (Devnagari)	: .			
c) Mother Name	:			
d) Marital Status	: ,			-
e) Correspondence Address	:			-
f) Permanent Address	- : :		1	
g) Contact Number	:			
h) Email Address	:			
i) Date of Birth	:			
j) Age as on today	:	Years	Month	Days
k) Gender (Male/Female)	: '			
l) Aadhar Card No.	:			
m) Caste	:		Sub Cas	ste

#### 2. Black List

- a. Whether any prosecution is pending in any Court of Law?
- b. Whether any disciplinary or similar action is initiated by Government / Semi-Government Organization?
- c. Whether any disciplinary or similar action is initiated by Bar Council or Medical Council or Association or other professional /vocational institution.

- d. Whether debarred or blacklisted at the examination / selection held by SSC Board /University 6 /MPSC/Other P.S.C. /UPSC or any other organization.
- e. Was any Court Case filed against you?

### 3. Educational Qualification

Qualification Type	Name of Degree	Subject	Name of college	Result Date	Attempts	%	Course Duration	Class	Mode
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		,							
1									
4				7		1			,
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4. Details of Council Registration: Also, please attach renewal copy of registration.

Degree (UG/PG)	Registration No.	Registration Date	Council	
	4			
	,			

## 5. Details of Publications:

Publication Type	Name of Author	Whether the First Author?	Name of Journal with Volume No. and page number	Whether impact index is not less than 2.0	Year of Publication	Title of Paper
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/	6. C	aste /	Car	teg	ory	Deta	ils

a)	Religion	
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Category			
- 111-801	 		

SC	ST	VJ-A	NT-B	NT-C	NT-D	SBC	OBC	EWS	SEBC	Open
			× ,			1				
		, 1			, ,	-1.7				

b) Do you belong to Non-Creamy Layer?

Sub Caste

c) Caste Validity Certificate Number and date (if applicable)

### 7. Other Details

a) Nationality

b) Mother tongue

c) Person with Disability

3 15

d) Ex-Serviceman

Speak

e) Can you read/write/speak Marathi :

Read Write

f) Can you read/write/speak English

Read

Write

Speak

- g) Whether liable to be disqualified for the Govt. Services according to the provision of Maharashtra Civil Services (Declaration of Small family) Rules 2005?
- h) Application Fees paid: Yes/No

### i) Extra Activities

- Hobbies
- Are you an employee of Government of Maharashtra?
- Are you an employee of Pune Municipal Corporation?
- Are you a meritorious sport person?
- Are you freedom fighters nominated child?
- Are you a Project Affected Candidate?
- Are you Earthquake affected?

Organization	Department	Nature of Post	Pay Band	Grade Pay	Basic Pay	From	То	Total
			52.4					
9. Questions:								
b) Total I	u possess presc Experience afte	r prescribe	d educatio	nal qualif	ication			/No
	Approval of M	MUHS	appro Ref.	/ No If Yo		give details	and attac	h
	-	Letter	No.	Date	F	rom	T	0
		:	Test .					
					1			
the information	or this post and t I fulfill all the on, provided in ill be liable for incorrect.	this applie	conditions	mentione	post care ed in the A	dvertiseme	ept it. I ha ent /Notifi	ve assured cation. All
Place:								
Date		,			Sig	nature of t With	the Appli name	cant
			Mary and Address of the Control					

8. Teaching Experience

# List of Document

Sr. No.	Particulars of Document	Uploaded Yes/No
1	Under Graduate Degree Certificate & Mark sheet	
2	Under Graduate Degree Registration Certificate	
3	Post Graduate Degree Certificate and Mark sheet (Provisional Degree Certificate if PG degree not received)	
4	Post Graduate Degree Registration Certificate	
5	MMC Registration	
6	Proof of Date of Birth (Birth Certificate/School Leaving Certificate etc).	
7	Caste Certificate (if applicable)	
8	Caste Validity Certificate (if applicable)	
9	Non-Creamy Layer Certificate (if applicable)	
10	Experience Certificates	
12	Previous Approval Letter issued by MUHS (if applicable)	
13	Any other important documents such as Resignation, Discharge / Relieving Certificate	
14	Name Change Certificate (Gazette Copy / Affidavit / Marriage Certificate) (if applicable)	
15	Publications if any	
16	BCBR Course Certificate	
17	MET Course Certificate	
18	University UG Teacher Approval	
19	University PG Teacher Approval	
20	Certificate of Post PG Diploma /Degree/Superspecialist/PhD	
21	Photo ID: Aadhar/Passport/ Driving License/ PAN Card	
22	Latest Photo	
23	Any Other	

	प्रपत्र -अ		7
	स्वयंघोषणापत्र		
मी	शी/श	ोम	
ा मुलगा/ मुलगी वयवर्षः	आधार क्र	, व्यवसाय,	
z	ग द्वारे घोषित करतो की/ करते व	भी वरील सर्व माहिती माझ्या व्यक्तिगत	माहिती
मजुतीनुसार खरी आहे. सदर म	गहिती खोटी आढळून आल्यास, ३	गरतीय दंड संहिता अन्वये आणि / संबंधि	ਰ
द्यानुसार माझ्यावर खटला भ	रला जाईल व त्यानुसार मी शिक्षे	प्त पात्र राहीन याची मला पुर्ण जाणीव आहे	

# महाराष्ट्र नागरी सेवा (लहान कुटुंबाचे प्रतिज्ञापत्र) नियम,२००५ नुसार अर्जासोबत जोडावयाच्या लहान कुटुंबाच्या प्रतिज्ञापत्राचा नमूना प्रतिज्ञापत्र नमूना — अ (नियम ४ पहा)

मा श्रा./श्रामता/व	कुमारीश्रीश्रीश्रीश्री
यांचा मुलगा/ यां	ंची मुलगी / पत्नी, वयवर्ष, राहणारवर्ष, राहणार न
करते की,	याद्वारे पुढीलप्रमाणे असे जाहीर करतो
•	१) मीया पदासाठी माझ्या अर्ज दाखल केलेला आहे.
•	२) आज रोजी मला(संख्या) इतकी हयात मुले आहेत. त्यापैकी दिनांक : २८ मार्च
	,२००५ नंतर जन्माला आलेल्या मुलांची संख्याआहे. (असल्यास, जन्मदिनांव नमूद करावा)
\$	हयात असलेली मुलांची संख्या दोनपेक्षा अधिक असेल तर दिनांक : २८ मार्च ,२००५ व तद् नंत जन्माला आलेल्या मूलामुळे या पदासाठी मी अनर्ह ठरविण्यास पात्र होईन याची मला जाणीव आहे.
	(उमेदवाराची स्वाक्षरी)
ठिकाण :-	
दिनांक :-	