



King George's Medical University UP Lucknow

APPLICATION FORM for CONTRACTUAL FACULTY POST

Advertisement No. /R-2024

Dated: /...../2024

Please type in Bold or neatly fill in Capital Letters

Affix Latest
Passport Size
Photograph

1. Post Applied for: _____ against the
Advertised post of _____ in the
Department of _____
2. Application Fee Payment Details
 - a. Amount of Fee paid (₹.): _____
 - b. Demand Draft No. _____ (DD attached Encl No. ____)
3. Name of the Applicant: _____
4. Father's/Husband's Name: _____
5. Category:
 - a. SC/ST/OBC/EWS/UR: _____ (Proof attached Encl No. ____)
 - b. Are you a person with benchmark disability and wish to apply under that category:
YES/NO (Proof attached Encl No. ____)
6. Date of Birth (DD-MM-YYYY): _____ (Proof attached Encl No. ____)
 - a. Age in completed years as on the Last Date of Advertisement: _____ years.
7. Gender: FEMALE MALE THIRD.
8. Marital Status: UNMARRIED MARRIED WIDOW WIDOWER
9. Permanent address: _____

District: _____ State: _____ PIN Code: _____
10. Communication Address: _____

District: _____ State: _____ PIN Code: _____

11. Contact Details:

a. Mobile No(s): _____

b. WhatsApp No: _____

c. Email (write in Capitals): _____

d. Work Landline Phone (with STD Code): _____

e. Home Landline Phone (with STD Code): _____

12. Nationality: _____ (By Birth or Naturalization)

a. State of Domicile: _____ Since: _____

13. Educational Qualifications (from Matriculation onwards):

S. No.	Qualification (strike out that is not applicable)	College/Board/University	Year of Passing	%age of marks	No. of Extra Attempts	Medical Council/NMC Regn No. with date and State	Encl No.
A	B	C	D	E	F	G	H
1	Matriculation (Class X)					N/A	
2	Intermediate (Class XII)					N/A	
3	MBBS						
4	MD/MS/DNB - <Subject>						
5	PhD - <Subject>						
6	DM / MCh/ DNB - <Subject>						
7	Others						

Note:

1. Please attach self-attested copies of Certificates of Class 10th and 12th and Marks Sheets and Degrees of MBBS onwards. Write relevant Enclosure numbers in column H.
2. Insert/Add additional Rows as needed.

14. Other Courses (Compulsory for Associate Professor/Professor):

- a. BCBR proctored examination passed (Yes/ No) (Proof attached Encl No. ___)
- b. BCMET completed (Yes/ No) (Proof attached Encl No. ___)

15. NMC/MCI recognized Teaching Experience (from Post- PG qualifying degree Senior Residency Onwards).

S. No.	Designation	Department	Name of Institution	From (DD-MM-YY)	To (DD-MM-YY)	Total Experience (YY-MM-DD)	Encl No.
A	B	C	D	E	F	G	H
1	Senior Resident						
2	Tutor/Demonstrator (post qualifying degree only)						
3	Assistant Professor						
4	Associate Professor						
5	Additional Professor						
6	Professor						
TOTAL EXPERIENCE Years Months and Days:							

Note:

- Please attach self-attested copies of Experience Certificates. Write relevant Enclosure numbers in column H.
- Insert/Add additional Rows as needed.

16. Research Publications:

S. No.	Publication Info in Vancouver style (type your name in bold font and put * on corresponding author name)	Type of Article	Indexing Agency	Ref Encl. No.
A	B	C	D	E
1				
2				

Note:

- Please attach 1st page of publication and proof of indexing from indexing agency website (NOT from Journal Website) and write Encl Ref No. in Column E.
- Insert/Add additional Rows as needed.

17. Research Contribution

- H-Index :.....
- I10- Index :.....
- Total Citation :.....

(A) Details of Publications (Number):

	Total No. of Research Articles	As 1 st author	Corresponding author	Other author	Where Indexed*
1.	Research Articles				
2.	Case Report/Case series				
3.	Review Articles				

* PubMed, Scopus, Web of Science & Copernicus.

(B) List of Best 5 Publications:-

S.No.	Publication Title	Name of Journal	Indexing Body	Impact Factor
1.				
2.				
3.				
4.				
5.				

* Please exclude articles published in predatory Journals

Research Grants & Patents

Research Grants

S.No.	Title	Funding Agency	Amount	Year
1.				
2.				
3.				

18. Awards/ Honors

S.No.	Name	Year	Remark (If Any)
1.			
2.			
3.			

19. Any other achievement

S.No.	Name	Year	Remark (If Any)
1.			
2.			
3.			

20. Present Employment

- a. Designation: _____
- b. Department: _____
- c. College/Institution (complete address): _____

- d. Working on current post since (Date): _____
- e. NOC Enclosed: YES/NO/NA
- f. Present Annual Pay (₹.): _____

21. Are you willing to be considered for a junior post than the one you have applied if the Selection Committee so recommends: YES/NO.

22. Minimum notice period you will need to join service, if selected: _____
(days/weeks/months)

23. Any other information worth mentioning:

UNDERTAKING

I have read all the terms & conditions of the contractual faculty recruitment. I certify that the particulars and information, furnished by me are true, correct, and nothing has been concealed in all respects to the best of my knowledge and belief. In the event of any information being found incorrect/misleading/misrepresented at any stage, my candidature/selection/services may be rejected/terminated without prejudice to the right of the Institute to initiate appropriate civil/criminal proceedings against me any appropriate court of law.

Place:

Signature:

Date:

Name: _____

Document Checklist:

S. No.	Description	Attached YES/NO/NA	Encl Ref Nos. From – To
1.	Proof of Application Fee Payment		
2.	Valid Reservation Category Certificate		
3.	Valid Certificate of Benchmark Disability		
4.	Date of Birth Certificate		
5.	Educational Qualification Certificates and Marks Sheets		
6.	Medical Council/NMC Registration Certificates (All Medical Qualifications)		
7.	BCBR Completion Certificate		
8.	BCMET Completion Certificate		
9.	Teaching Experience Certificates		
10.	Copies of Publications (1 st page) and Indexing Documents		
11.	Current Employment/Experience – cum No Objection Certificate		
12.	Copies of Research Grant		
13.	Proof of Patents		
14.	Proof of Award & Honor		
15.	Govt. issued Id and Address Proofs(Aadhar/Passport)		

Signature: _____

Name: _____