



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) कल्याणी
All India Institute of Medical Sciences (AIIMS) Kalyani
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय , भारत सरकार के तत्वावधान में एक सांविधिक निकाय)
(Statutory Body under the Aegis of Ministry of Health and Family Welfare , GOI)
राष्ट्रीय राजमार्ग - 34 , बसन्तपुर , सागुना , कल्याणी , जिला - नदिया , पश्चिम बंगाल - 741245
NH - 34 Connector , Basantapur , Saguna , Kalyani , District Nadia , West Bengal 741245

APPLICATION PROFORMA FOR GUEST FACULTY

1.	Name (in Block letters)		Affix Passport Size Photograph			
2.	Father's Name					
3.	Mother's Name					
4.	Date of Birth (In Christian era)					
(Please attached attested copy of relevant certificate)						
5.	Permanent Address					
6.	Address for Correspondence					
7.	Mobile No/Tele No		8. Citizenship			
9.	E-mail ID		10. Gender		M/F	
11.	Category	UR	SC	ST	OBC	OPH
✓ (Please Tick The appropriate category and attach attested copy of relevant certificate if seeking reservation)						

12. UNDEGRADUATE/POST GRADUATE CAREER (*Attach attested copies of certificate/ degree in support of qualifications)

Examination Passed	Year of Passing	University/Institution	Overall marks obtained in all professionals	Overall maximum marks in all professionals	Overall percentage of marks in all professionals

13. Detail of previous experience, if any

Post held (indicate temporary/permanent)	Period		Total Period			Pay scale	Employer's Address
	From	To	Years	Months	Days		

14. Whether degree is recognized by National/State Accrediting Agencies:

Yes/No

***Attach attested copies of relevant documents**

DECLARATION BY THE CANDIDATE

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I have never been debarred from appearing at any examination nor have I ever been arrested, prosecuted or convicted by criminal court or involved in any other case registered by the police. I understand that my candidature is liable to be rejected in the event of any misstatement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation if at any stage of my selection, my ineligibility for candidature is detected and my candidature is cancelled as a result thereof.

Date:

Place:

Signature of Candidate

Enclosures: -

S. No	Copy of the certificate	✓ Please tick
1	Date of Birth and class X and XIII Certificate	
2	Undergraduate Certificate and Mark Sheets	
3	Post graduate Certificate and mark Sheets	
4	Experience Certificates	
5	Copies of any other relevant documents	

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Dean Academics