



**NATIONAL CENTRE FOR RADIO ASTROPHYSICS
TATA INSTITUTE OF FUNDAMENTAL RESEARCH**

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Application No. _____
(For office use only)

Application Form for Part Time Medical Officer
(To be filled by the incumbent)

1. Full Name of the Applicant _____

2. Permanent Address with pin code _____

3. Present Postal Address with Pin Code _____

4. Mobile No. and E-mail (mandatory) _____

5. Registration Number (IMA) and Date _____
(Copy of registration to be enclosed)

6. Mother Tongue: _____

7. Languages known: _____
(Mention proficiency: Read/Write/Speak)

8. Educational Qualifications:

Sr.No.	Exam passed	Year of passing	Percentage %	University/Board
1	MBBS			
2	PG			
3	Other			

9. Details of Experience (Starting with current employment) Separate sheet may be attached, if required.

No.	Name ,address & contact details of the employer	From	To	Designation	Pay Scale and total emoluments	Nature of duties performed.

10 Have you ever served as a Medical Officer? If yes, please provide details.

No.	Name ,address & contact details of the employer	From	To

11 Are you on the panel of any hospital? If yes, please provide details.

No.	Name ,address & contact details of the employer	Days	Timings

12 Are you employed in Govt. /Semi Govt. Organisation at present? Yes/No. If yes, please provide details.

13. Do you own a hospital? (Yes/No). If yes, please provide name and address of the hospital.

14. What will be your convenient/preferred timings to visit GMRT? (i.e morning 11am to 1pm OR afternoon 3pm to 5pm OR specify)

Declaration: I solemnly declare that the above statements made by me, are correct to the best of my knowledge and belief.

(SIGNATURE OF THE INCUMBENT)