



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

NCRA•TIFR, Post Bag 3, Ganeshkhind, Pune University Campus, Pune -411007, INDIA  
Tel: +91 20 25719000, 25719223, Email:solanki@ncra.tifr.res.in URL:<http://www.ncra.tifr.res.in>

NCRA • TIFR

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



NATIONAL CENTRE FOR RADIO ASTROPHYSICS  
TATA INSTITUTE OF FUNDAMENTAL RESEARCH

NCRA•TIFR, Post Bag 3, Ganeshkhind, Pune University Campus, Pune –411007, INDIA  
Tel: +91 20 25719000, 25719223, Email:solanki@ncra.tifr.res.in URL:<http://www.ncra.tifr.res.in>

NCRA • TIFR

--	--	--	--

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)