



ZORAM MEDICAL COLLEGE & HOSPITAL

Government of Mizoram

Falkawn, Aizawl District, Mizoram - 796005

9863272133 (Admin)

6033188259 (Acad)

9383212171 (Casualty)

zmc@zmc.edu.in

director@zmc.edu.in

academic@zmc.edu.in

medsup.falkawn@gmail.com

zmc.edu.in

IMPORTANT INSTRUCTIONS & STEPS FOR APPLICATION

1. Application Forms should be filled up completely.
2. Attached only prescribed documents, no additional documents are entertained.
3. To submit the application, send an E-mail to facultyrecruitment@zmc.edu.in, the subject of the e-mail should be written as the post applied for (e.g. **Advertisement No.2 of 2023 – Assistant Professor, Dept. of Community Medicine**) and attached the following documents:
 - 1) **Faculty Application Form** in a Microsoft Word file format.
 - 2) Signed **Faculty Declaration Form** of the Applicant in PDF file format.
 - 3) Self-attested, Scanned copies of **all necessary documents** in one PDF file as listed below.

The name of all the above three files should be preceded by the name of the Applicant as below:

Lalrinmawia – Faculty Application Form

Lalrinmawia – Declaration Form

Lalrinmawia – All Documents (in order of attachment)

List of scanned/self-attested photocopy documents to be submitted in the order mentioned below (in one PDF file for online submissions):

1. MBBS Degree or equivalent Certificate
 2. MBBS or equivalent Mark sheet
 3. Internship Completion Certificate
 4. PG Degree Certificate or equivalent (if applicable)
 5. Additional Qualification Certificate (if applicable)
 6. Work experience/ Teaching experience certificates
 7. Publication (1st page of the Publication or Email of Acceptance)
- Note: The list of Publications should be submitted in Vancouver style only*
8. No Objection Certificate (NOC) for Govt. employees.
 9. Age proof certificate
 10. Aadhar card/pan card/ Voter ID
 11. Certificates of Basic Course in Biomedical Research (BCBR)
 12. Certificates of Revised Basic Course Workshop (RBCW)
 13. Mizoram State Medical Council Registration Certificate.



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FACULTY APPLICATION FORM

I. Details of Post

- 1) Post Applied for:
- 2) Department:

II. Personal Details

- 1) Name of the Applicant:
- 2) Son/Daughter of:
- 3) Date of Birth [dd/mm/yyyy]:
- 4) Age (as on last date of submission of application form) [year month day]:
- 5) Gender:
- 6) Nationality:
- 7) Original Category [ST/SC/OBC/Gen]:
- 8) Are you PwD (Person with Disability)?:
- 9) Eligible Category [PwD/Gen(UR)/ST/SC/OBC]:

III. Present Address Details

- 1) Address Line I:
- 2) State:
- 3) Town / City:
- 4) Pin Code:
- 5) Mobile Number:
- 6) Confirm Mobile Number:
- 7) Email address:
- 8) Confirm Email address:
- 9) Alternate Mobile Number:



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IV. Permanent Address Details

- 1) Is it the same as present address : Yes/No (*if 'No', then fill permanent address below*)
- 2) Address Line 1:
- 3) State:
- 4) Town / City:
- 5) Pin Code:
- 6) Mobile Number:
- 7) Confirm Mobile Number:
- 8) Email address:
- 9) Confirm Email address:
- 10) Alternate Mobile Number:

V. UG Qualification

- 1) Qualifying Examination Passed [MBBS/BSc. or equivalent]:
- 2) Year of Examination Passed:
- 3) Number of attempts (1st year - 2nd year - 3rd year - 4th year): ____ - ____ - ____ - ____
- 4) Name of College/Institute/University:
- 5) Name of Medical Council Registered:
- 6) Medical Council Registration Number:

VI. PG Qualification

- 1) Qualifying Examination Passed [MD/MS/MSc. or equivalent]:
- 2) Year of Examination Passed:
- 3) Number of attempts (1st year - 2nd year - 3rd year - 4th year): ____ - ____ - ____ - ____
- 4) Name of College/Institute/University:



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5) Name of Medical Council Registered:

6) Medical Council Registration Number:

VII. Any other Degree (PhD., etc.)

1) Qualifying Examination Passed:

2) Year of Examination Passed:

3) Name of College/Institute/University:

VIII. Experience Details

SN	Name of Institute / Organisation	Name of the Post	From Date	To Date	Duration of Service

1. Total Teaching Experience: _____ Year(s), _____ Month(s),
_____ Day(s).

2. Total Overall Work Experience: _____ Year(s), _____ Month(s),
_____ Day(s).

3. No. of Publications: National _____ International _____

4. No. of Papers Presented: National _____ International _____

IX. ID Proof Details

1) ID Proof (Aadhaar Card / Voters ID / etc.):

2) ID Proof Number:

X. Candidate Document / Image upload Details:

1) Photo:

2) Signature:



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DECLARATION OF THE APPLICANT

I hereby declare that I have carefully read the Advertisement and filled in the details.

I hereby declare that I am an Indian Citizen.

I understand that fees once paid will not be refunded under any circumstances.

I hereby declare that the information given above is true and correct to the best of my knowledge and belief.

I further declare to produce all certificates in original at the time of the interview relevant to my claims made in the application.

I also agree to forfeit my claim for an interview in the event of failure to produce the relevant original certificates.

I shall abide by the actions and decisions taken by Zoram Medical College.

Signature of the Applicant : _____

Name of the Applicant (In block Letter): _____