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

APPLICATION FORM FOR RESIDENTS & Senior Resident

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 1:

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:

5) Name of Medical Council Registered:

6) Medical Council Registration Number:

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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

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: