COMMON APPLICATION FORM FOR APPOINTMENT BY WAY OF DESIGNATION

W. C. M. B. C. S. M.

UNDER ZORAM MEDICAL COLLEGE

1	NAME IN CAPITAL (in capital letters)	
2	Date of birth (enclose self attested copy of supporting document like HSLC, Birth Certificate, etc.)	
3	Address for correspondence including contact number	
4	Name of post applied	
5	Designation of present post held	
6	Name of Department	
7	Present scale of pay/level in pay matrix	
8	Date of joining the present grade/post on regular basis	
9	Educational qualification (enclose self-attested copy of certificates	
	Please state whether or not the educational and other qualifications/experience prescribed for the post in the recruitment rules/vacancy circular are satisfied by the applicant	
	Qualifications/experience required	Qualification/experience possessed by the official
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11	Nature of present employme or contract.	ent (i.e.regi	ular				
12	Any additional information which you would like to mention in support of your suitability for the post (This may, among other things, include i) Additional academic qualifications ii) Professional training iii) Work experience, etc. Separate sheet may be enclosed if necessary)		r				
13	Whether penalty, if any, was imposed on the applicant during a period of 5 years preceding last date for submission of application? If any, enclose a copy of the order of imposition of penalty by the Disciplinary Authority						
11	Details of post(a) hold in	abranalagi		((analogo concrete shoot if nagoggamy)		
14	Details of post(s) field in	Details of post(s) held in chronological order (enclose separate sheet, if necessary)					
Sl. No.	Name of post held	Duration From T			- Nature of duties		
					N .		
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The information furnished above is/are correct to the best of my knowledge and nothing has been suppressed. I understand that in case of my selection, if any information furnished above is found to be false or misrepresented at a later stage, my selection is liable to be cancelled with the approval of the Competent Authority.

CERTICATE OF THE CONTROLLING AUTHORITY

Certified that the particulars furnished by the officer are correct as per the service records and the department has no objection for appointment of the officer by designation

Date :

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Signature of Director, Zoram Medical College 1