

1 Name:

2) Sex:

3) Correspondence Address:

4) Mob. No.

5) Cast Category:

6) Date of Birth:

7) Email ID:

8) Qualification:

Qualification & Additional Qualification in concerned subject	College	University	Year	Registration No. of UG & PG with date	Name of the Medical Council
MBBS					
MD/MS/DNB/					
PhD DM/M.Ch. ()					
Others					

9) Experience:

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months

10) Number of Research publications in Index Journals:

(a) International Journals:

(b) National Journals:

(c) State/Institutional Journals:

11) Books (Text & Ref) published:

12) No of Conference attended

National:

International:

13) Computer Course (MS-CIT) :

14) Basic Course in MET (details to be provided)

15) Basic Course in Biomedical Research (details to be provided)

16) PG Teacher recognition from: