

DR PANJABRAO DESHMUKH NURSING INSTITUTE , AMRAVATI
APPLICATION PROFORMA

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Post applied		Subject	
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FULL NAME In Capital letters	_____	Sex
		M / F

POSTAL ADDRESS	_____

	City : _____ Dist. : _____ Pin code : _____

CONTACT DETAILS	Phone : _____ Cell No. _____ (With STD code)
	e-mail : _____

BIRTH DATE (Attach SLC)	in Numerical : _____ / _____ / 19
	in Words : _____
	Completed Age (on last day of applications) : Years - _____ Months - _____ Days - _____

Religion :	Category : SC / ST / VJNT / SBC / OBC / OPEN	Cast :
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QUALIFICATIONS (Attach all relevant Certificates)					
COURSE	Name of the Course	Board / University	Passing Year	% of Marks	Class / Grade
HSC					
UG					
PG (Speciality)					
Super Speciality (if any)					
PhD / PG Dip. (if any)					
OTHER (Please Specify)					
OTHER (Please Specify)					

EXPERIENCE (Attach all relevant Certificates & Approvals. Starting form Present / Latest Job at Sr. No. 01)						
Sr, No ,	NAME of the COLLEGE	Designation / Post held	Period of Experience			MUHS Approval Letter No. & Date
			From	To	Duration	
01						
02						
03						
04						
05						

Sr. No,	Research Activities / Paper Publications (State Briefly. Attach Separate list & details, if required.)	Tick the appropriate box		
		State Level	National Level	Inter-Natl Level
01				
02				
03				
04				
05				

Registration	State Council :	Other :
MUHS Activities (State Briefly)		
Other Activities (State Briefly)		

1. Attach attested copies of all necessary documents. Please attach separate sheet, if required.
2. Attach attested copy of Caste Certificate & Caste Validity Certificate, if applying for Reserved Posts.
3. Attach the copy of Non – Creamy Layer Certificate for current Financial Year, wherever applicable.
4. In – service candidates shall apply through proper channel or submit NOC at the time of Interview.
5. Application should be complete in all respect. Write Not Applicable in the column which are blank.
6. Incomplete Applications, Applications without / or un-attested copies of documents will be rejected.

Date :

Applicant's Signature