



**NATIONAL CENTRE FOR RADIO ASTROPHYSICS
TATA INSTITUTE OF FUNDAMENTAL RESEARCH**

NCRA•TIFR, Post Bag 3, Ganeshkhind, Pune University Campus, Pune –411007, INDIA
Tel: +91 20 25719000, 25719227, Email:vinod.verma@ncra.tifr.res.in URL:<http://www.ncra.tifr.res.in>

Application No.____ (For office use only)

Application Form for the post of Part Time Medical Officer
(To be filled by the incumbent)

1. Full Name of the Applicant _____

2. Permanent Address with pin code _____

3. Present Postal Address with Pin Code _____

4. Mobile No. and E-mail (mandatory) _____

5. Registration Number (IMA) and Date _____
(Copy of registration to be enclosed)

7. Educational Qualifications:

Sr.No.	Exam passed	Year of passing	University/Board
1	MBBS		
2	PG		
3	Other		

8. Details of Experience (Starting with current employment) Separate sheet may be attached, if required.

No.	Name ,address & contact details of the employer	From	To	Designation	Pay Scale and total emoluments	Nature of duties performed.

9 Have you ever served as a Medical Officer? If yes, please provide details.

No.	Name ,address & contact details of the employer	From	To



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10 Are you on the panel of any hospital? If yes, please provide details.

No.	Name ,address & contact details of the employer	Days

11 Are you employed in Govt. /Semi Govt. Organisation at present? Yes/No. If yes, please provide details.

12. Do you own a hospital? (Yes/No). If yes, please provide name and address of the hospital.

Declaration: I solemnly declare that the above statements made by me, are correct to the best of my knowledge and belief.

(SIGNATURE OF THE APPLICANT)