

CONFIDENTIAL



TATA MEDICAL CENTER, KOLKATA

14 MAR(EW), New Town, Kolkata 700 160

www.tmckolkata.com

Telephone: 91-33-66057000

**TMC application form for Medical Consultants**

Position applied for

*Affix recent  
passport size  
photograph*

Medical Council Registration No. \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Updated Registration No. ----- state ----- Date -----

**PERSONAL DATA**

Name: Dr

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female  Others

Father's Name & Occupation \_\_\_\_\_

Spouse's Name & Occupation \_\_\_\_\_

Mother Tongue \_\_\_\_\_ Other Languages Spoken \_\_\_\_\_

Nationality \_\_\_\_\_ Religion \_\_\_\_\_

PAN No : \_\_\_\_\_ AADHAR : \_\_\_\_\_



**EMPLOYMENT EXPERIENCE** (Start from present employment)

Name and address of organization	Period		Position held	Location	Reasons for leaving / break
	From	To			

**TEACHING EXPERIENCE**

Appointment	Date		Subject	Institution/ College	University
	From	To			
Assistant Professor					
Lecturer					
Demonstrator or Senior Resident					
Junior Resident					
Research Fellow					
Post-Doctoral Fellowship					
Any other					

**PUBLICATIONS AND RESEARCH WORK** (State only the numbers)

<b>Type of Publication</b>	<b>Number of published or accepted</b>	<b>Number of publications as first author or corresponding author</b>
Original Research Papers in Indexed Journals		
Other publications in Indexed Journals		
Research Papers in Non-Indexed Journals		
Text Books or Monographs or Thesis		
Chapters in Text Books or Monographs		
Abstracts in Indexed Journals		
Unpublished abstracts presented at conferences		

**AWARDS / FELLOWSHIPS**

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**MEMBERSHIP OF PROFESSIONAL BODIES.**

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**Reviewer or Member of Editorial Board of Indexed Journals or peer-review committees of national bodies, institutions, etc.**

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## REFERENCES

Please provide the names, professional designations, business relationship and full mailing addresses, of **three** references. Referees should have a good knowledge of your competencies, and must be familiar with your work. **One reference should be the current and immediate supervisor.**

Name	
Designation	Work relationship
Address	E-mail
Telephone (with STD / ISD code)	Mobile

Name	
Designation	Work relationship
Address	E-mail
Telephone (with STD / ISD code)	(mobile)

Name	
Designation	Work relationship
Address	E-mail
Telephone (with STD / ISD code)	(mobile)

**Current monthly gross salary and Annual CTC (per annum) Rs.** \_\_\_\_\_

Notice required for joining the position if recruited \_\_\_\_\_

Tentative Date of Joining \_\_\_\_\_

## GENERAL INFORMATION

1. Are any of your relatives employed by Tata Medical Centre? Yes  No   
If yes, specify Name \_\_\_\_\_ Relation \_\_\_\_\_

2. Have you ever applied/have been interviewed at TMC before? Yes  No   
If yes, please specify details \_\_\_\_\_

I hereby testify that the information provided by me in this application form is true and correct to the best of my knowledge and belief. I accept that if any information is subsequently found to be false, I will be liable for immediate disqualification or dismissal from service without any notice or liability occurring to the organization.

Date

Place:

Signature of the Applicant

List of documents attached to application

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. MBBS Certificate                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. MD/MS/DNB Certificate                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. MD/MS/DNB Pass out documents                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. DM/MCh / DNB Super specialty Certificate    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. DM / MCh / DNB super specialty pass out doc | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Medical Council Registration Certificate    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Experience Certificate:                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. PAN /ADHAR/ passport / Voter ID card        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Any Other Certificates                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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**FOR OFFICE USE ONLY**

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To be engaged from:

Grade:

Basic:

Function:

Designation:

Division:

Location:

Induction Status:

Trainee

Probationer

Signature of the Head-Human Resources \_\_\_\_\_