

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 \_\_\_\_\_ Sex: Male  Female

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 organisation	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)

Type of Publication	Number of published or accepted	Number of publications as first author or corresponding author
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Unpublished abstracts presented at conferences		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 organisation.

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