

## APPLICATION PROFORMA

Post Applied		Subject			
FULL NAME <small>In Capital letters</small>					Sex  M/F
POSTAL ADDRESS					
CONTACT DETAILS	Phone	Cell No.			
	Email :				
BIRTH DATE <small>(Attach SLC)</small>	In Numerical :                      /                      19  In Words:  Completed Age (on last day of applications) Years -                      Months                      Days				
Religion	Category : SC/ST/VJNT/SBC/OBC/OPEN			Cast	
<b>QUALIFICATIONS (Attach all relevant Certificate)</b>					
Course	Name of the Course	Board/University	Passing year	% of Marks	Class/Grade
HSC					
UG					
PG <small>(Speciality)</small>					
Super Speciality <small>(if any)</small>					
PhD/PG Dip. <small>(If any)</small>					
OTHER <small>(Please specify)</small>					

**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						

Sr. No.	Research Activities /Paper Publication (State Briefly, Attach Separate list & details if required	Tick the appropriate box		
		State level	National level	Inter-National level

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 of 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, without / or un-attested copies of documents will be rejected

Date

Applicant Signature

**Please Note**

Apply to the : The Principal, Dr. M.L. Dhawale Memorial Homoeopathic Institute, BMC's Holistic Mother and child care centre, Harishankar Joshi Marg, Dahisar (E), Mumbai – 400068 or email : [mldmhipg@gmail.com](mailto:mldmhipg@gmail.com)

**Check list for Documents to be attached with application in two sets**

(If applicable please tick

1)	Name of the Candidate Recommended by the SSC: <b>Dr. Swapnil S. Naik</b>	
2)	Post: <b>Reader</b> Subject: <b>Practice of Medicine</b> Category:- <b>Open</b>	
3)	List of the candidates applied for this post	Yes <input type="checkbox"/> / No <input type="checkbox"/>
4)	List of the candidates with their qualification & signature who were present for the interview	Yes <input type="checkbox"/> / No <input type="checkbox"/>
5)	Registration Certificate as per MMP, Act 1961 (if applicable)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
6)	Date of Birth Certificate	Yes <input type="checkbox"/> / No <input type="checkbox"/>
7)	Caste Certificate (If post Reserved Category)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
8)	Under Graduation Degree Certificate	Yes <input type="checkbox"/> / No <input type="checkbox"/>
9)	Post Graduation Degree Certificate (Mark sheet and Provisional Degree Certificate if PG degree no received)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
10)	Experience Certificate(s) (If applicable)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
11)	Previous Approval Letter issued by University (If applicable)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
12)	Name Change Certificate (Gazette Copy / Affidavit / Marriage Certificate)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
13)	Any other important document ----- -----	Yes <input type="checkbox"/> / No <input type="checkbox"/>
14)	The photo copies of all the documents stated above are attested by the Principal / Gazette Officer and are legible	Yes <input type="checkbox"/> / No <input type="checkbox"/>