



CHECK LIST

For post of Professor /Associate Professor /Assistant Professor /

Demonstrator in Govt Medical College

Scrutiny of Document

Date

Name of Candidate..... Category.....

Age/Sex.....Marital Status(If Married, age at marriage)..... No. of Children.....

Subject.....

Medical College..... Place of work and designation (present).....

ORIGINAL DOCUMENT:

1. High School/Higher Secondary, Mark Sheet for Date of Birth

2. MBBS/BDS Mark Sheets

3. MBBS/BDS Degree

Year..... College..... MCI Recognized(Yes/ No.)

4. Registration of MBBS/BDS

6. Internship completion Certificate

7. PG Degree(In same Subject).....Attempt..... (Attempt Certificate)

Subject Year..... College.....MCI Recognised(Yes/No)

8. MBBS/BDS Registration No. (State).....State Council

9. Post Graduation Registration(State).....State Council

10. Certificate issued by Dean after PG

11. Certificate of Teaching Experience as Professor/ Associate Professor /Assistant Professor /

Demonstrator/ During PG Course

S. No.	Post	Place	Duration
--------	------	-------	----------

12. Publications in National/International, Index journals as per MCI As 1st /2nd /Corresponding

Author (In recent five year)

S.No.	Designation at Time of Publication	Date of Publication
-------	------------------------------------	---------------------

13. Certificate of Award if have.....

14. Certificate of Fellowship : Subject..... Duration.....

15. Junior Resident(JR) Ship: Subject..... Duration.....

16. For Bonded Candidate, **NOC** if bond completed/paid bond amount or **Joining letter** if working for MP Government.

17. Caste Certificate by Competent Authority.....

18. M.P. Domicile (Yes/No).....

19. Employer's NOC if in Service (Government/Semi Government/Private).....

20. Identity Card (Adhar Card/PAN Card/Driving licence/voter ID)

Note: 1. For Bonded Candidate, if document deposited in college, bring Certificate issued by dean for documents deposited the Institute and self attested copy of documents deposited in Institute.

2. NOC is not required for candidate applied in same Institute in which he/she work.

(Name & Signature)

Scrutiny Officer

(Name & Signature of Candidate)

Date.....