



## THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD-36, SECTOR-I, SALT LAKE, KOLKATA 700 064

Website: www.wbuhs.ac.in

Phone: (EPBX) 2321-3461 Fax: 2358-0100

### APPLICATION FORM FOR DIRECT RECRUITMENT 2020

1. Post applied for : **DEMONSTRATOR / CLINICAL TUTOR**
2. Department applied for :
3. Name :
4. Date of Birth : \*
5. Gender:
6. Father's/ Guardian's Name:
7. Category: UR/SC/ ST/OBC A/ OBC B/: \*      PWD: yes/no\*
8. Address for Communication :
9. Contact No. and E-mail ID:
10. Educational Qualification :\*
11. Registration No. with name of Medical Council : \*
12. Present designation: \*
13. Academic Records (MBBS/MD/ Equivalent Examinations ) : \*

| Name of Examination             | University /Board | Year of Passing | Chances taken to Pass | Percentage (%)of marks obtained | University Topper in MBBS (Exit Examination/ Final MBBS Examination/ 3 <sup>rd</sup> Professional MBBS Part II Examination), MD/MS or Equivalent Examination | Academic Honours/ Distinction/ University medal |
|---------------------------------|-------------------|-----------------|-----------------------|---------------------------------|--|---|
| MBBS or Equivalent Examination  |                   |                 |                       |                                 |  |   |
| MD/MS or Equivalent Examination |                   |                 |                       |                                 |  |   |
| Others                          |                   |                 |                       |                                 |  |   |

14. Details of previous experience in recognized medical teaching institution: \*

| Post                                | Name of institution | From | To | Period of service | Nature of Appointment [Regular/ Contractual] |
|-------------------------------------|---------------------|------|----|-------------------|--|
| RMO/Clinical Tutor /SR/Demonstrator |                     |      |    |                   |  |
| Assistant Professor/Lecturer        |                     |      |    |                   |  |
| Associate Professor /Reader         |                     |      |    |                   |  |
| Professor                           |                     |      |    |                   |  |

15. No. of Publication (published in indexed journal as per MCI norms) \*

a) National :

b) International :

16. Date of publication of Result of MD/MS/Other equivalent PG examination:\*

17. Preferred mode for Interview: Physical appearance at WBUHS  / Video Conferencing   
(Tick suitable option)

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Full Signature with date

\* Self-attested photocopy of the documents should be attached

### DECLARATION

I hereby declare that all the above information in the application are true, complete and correct to the best of my knowledge. I understand that in the event of any information being found suppressed /false or incorrect or ineligibility detected at any time during/after the process of recruitment, my candidature/appointment is liable to be cancelled. Also, I have not presented myself before any inspection of Medical Council of India for academic session 2021-2022.

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Full Signature with date