

प्लाज्मा भौतिकी केंद्र - प्लाज्मा अनुसंधान संस्थान
CENTRE OF PLASMA PHYSICS-INSTITUTE FOR PLASMA RESEARCH
Nazirakhat, Sonapur-782 402, Kamrup (M), Assam

APPLICATION FOR THE POST OF SPECIALIST

1.	Name of the Applicant			
2.	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	
3.	Date of birth & Age	(dd/mm/yy)		Age : ____ Years
4.	Residence Address			
	Address for correspondence <i>(if different than residence address)</i>			
		Paste your Passport size Photograph here		
5.	Telephone No. <i>(Landline if applicable)</i>	_____		
	Cell No(s).	_____		
	Email ID	_____		

Sr. No.	Qualification	Period		No. of attempt	Name of University	MCI Regn. No. & Date
		From	To			
1.						
2.						
3.						
4.						

Educational qualification *(Please attach separate sheet wherever required)*

Experience/Medical practice *(Please add separate sheet if required)*

Clinic details, if held:

Name of the Clinic (if any) : _____

Location address of the Clinic:

Consultation hours

Clinic Contact No.

Practice since (Date) _____ Total years of Practice

Attachment with other hospitals/organizations etc.

Sr. No.	Name of organization with address	Designation	Period		Timings	
			From	To	From	To
1.						
2.						

3.					
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Details of familiarity with CGHS rules etc., if any.

Date:

Place:

Signature & Seal