

**वर्द्धमान आयुर्विज्ञान संस्थान,
पावापुरी, नालन्दा**

चिकित्सक शिक्षकों/ चिकित्सक पदाधिकारियों स्वीकृत बल के विरुद्ध पदस्थापन के उपरान्त रिक्त पदों की विवरणी।

क्रम सं०	विभाग का नाम	पदनाम रिक्त पदों की संख्या				अभियुक्ति
		प्राध्यापक	सह-प्राध्यापक	सहा० प्राध्यापक	ट्यूटर/ सिनियर रेजिडेंट	
1	एनाटॉमी	—	01	01	—	
2	माइक्रोबायोलॉजी	—	01	—	01	
3	फिजियोलॉजी	01	01	—	02	बयोफिजिक्स -01
4	बायोकेमेस्ट्री	—	02	01	01	
5	फार्माकॉजी	01	01	—	03	
6	पैथोलॉजी	—	01	—	02	
7	पी०एस०एम०	01	01	01	—	एफिडेमिऑलॉजिस्ट-01 स्टैटिकल-01 महिला चिकित्सा-02 चिकित्सा पदा०-02
8	औषधि विभाग	—	03	—	—	
9	स्त्री एवं प्रसव	—	01	—	—	
10	सर्जरी विभाग	—	—	01	—	
11	रेडियोलॉजी	—	—	02	02	
12	शिशु रोग	01	—	—	—	
13	निश्चेतना विभाग	01	02	—	01	
14	मनोरोग विभाग	—	01	—	01	
15	हड्डी रोग	01	01	—	—	
16	दन्त रोग	01	—	—	—	
17	टी०बी० एण्ड चेष्ट	01	—	01	—	
18	ई०एन०टी०	01	01	—	—	
19	नेत्र रोग	01	—	—	—	
20	एफ० एम टी०	—	01	—	—	
21	चर्म रोग विभाग	—	01	—	01	
22	पी० एम० आर०	01	—	01	02	
	टोटल	11	19	08	16	07

Jus
24/3/2017
प्राचार्य,

वर्द्धमान आयुर्विज्ञान संस्थान,
पावापुरी, नालन्दा।

**APPLICATION FORM APPOINTMENT OF CONTRACTUAL PROFESSOR/ ASSOC
PROFESSOR/ ASSISTANT PROFESSOR/ SENIOR RESIDENT /TUTOR IN
VARDHMAN INSTITUTE OF MEDICAL SCIENCES, OF BIHAR**

Post Applied for Department.....

(1) Professor (2) Assoc. Professor (3) Assistant Professor (4) Senior Resident/ Tutor
(Pul✓Marks)

Name of College: **VARDHMAN INSTITUTE OF MEDICAL SCIENCES, PAWAPURI, NALANDA.**

Name (In Capitals).....Age.....Sex.....

Date of Birth

Date of Retirement

Reservation Category: () General () BC () EBC () SC () ST

Father's Name/Husband's Name.....

Correspondence Address:

Permanent Address:

Contact No.....E-mail ID.....

Current Post, Place, Employer, State.....

Details of last 2 Posting (1).....

(2).....

Educational Qualification, Teaching Experience & Publication (as per MCI TEQ):

Affix Passport
Sizg Recent
Photograph and
Self-Atted in by
Signing across
if running on to
the from

Do not Sign Of
face

Qualification	Basic (Graduation)	PG (Specialty)	Super- specialty	Teaching Experience as..... (In Months)	Publications in Indexed National Journals (Attach)
Degree				Tutor/SR.....	
University				Asst. Prof.....	
Year of Passing				Asso. Prof.....	
Aggregate Marks%%%%	Professor.....	

No. of Failure (if any)(in Words) Experience Certificate Attached Y/N

Medical Registration Number.....Year.....State.....

Declaration by Candidate:- I hereby declare in the information furnished in this application from is true, If, at any stage. It is found to be incorrect, I will be liable for administrative action including termination of my contract and initiation of legal proceedings.

Date...../...../.....

Signature.....

Remarks of Board on (1) Requisite Educational Qualification for the post of : Yes/No.

(2)Requisite Teaching Experience: Yes/No (3) Requisite number of publication: Yes/No.

Signature of Board Members:-

1.....2.....3.....4.....5.....

6.....7.....8.....9.....10.....