1. **Personal Data**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Contact No.: |  |
| E-Mail ID: |  |
| DOB: |  |
| Aadhar No: |  |
|  |  |

1. EDUCATIONAL BACKGROUND:

|  |  |  |  |
| --- | --- | --- | --- |
| **Education level** | **University/Board** | **Year** | **Subject/stream** |
| School |  |  |  |
| Graduation |  |  |  |
| Post - graduation |  |  |  |
| Any Other Specialization |  |  |  |
| Any other certification |  |  |  |

1. Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above-mentioned position.  
   PROFESSOR AND MEDICAL SUPRINTENDENT IN DATTA MEGHE MEDICAL COLLEGE AND SHALINITAI MEGHE HOSPITAL AND RESEACH CENTER
2. WORK EXPERIENCE (Starting with the Present Job):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details** | **Current Job** | **Prior** | **Prior** | **Prior** |
| Employer |  |  |  |  |
| Address |  |  |  |  |
| Phone |  |  |  |  |
| Job Title |  |  |  |  |
| Details of Employment |  |  |  |  |
| Employment Type (Part Time/Full Time/Self-Employed) |  |  |  |  |

1. Preferred Location of Working (Where services can be offered):
2. Availability: Anytime -
3. Area of Interest (Please Tick):

Assessor-

Content Development/Review-

**Attachments Required:**

1. PAN Card
2. Aadhar Card