

**APPLICATION FORMAT FOR THE POST OF
“MEDICAL CONSULTANTS PURELY ON VISITING BASIS”**

Appl. No (To be filled by NID MP)

 राष्ट्रीय डिज़ाइन संस्थान National Institute of Design मध्यप्रदेश Madhya Pradesh	
(An Autonomous Institute of National Importance under DPIIT, Ministry of Commerce and Industry, Govt. of India)	
Note: Prospective candidates are advised to read the Instructions carefully and then fill up the application precisely and to the point in all aspects. Incomplete application will be summarily rejected. Candidates may attach additional sheets, if required.	
Application for the post Male/Female AMA/Medical Officer (Purely on Visiting Basis)	
Advertisement No:	No.: <u>NIDMP/1-60/Medical Consultant/2025 dated 13.03.2025</u>
Affix recent passport size photograph duly signed by the candidate	

1.	Personal Information										
	Name of Applicant (IN CAPITAL LETTERS)										
	Father's name										
	Mother's Name										
	Spouse's Name (if applicable)										
	Date of Birth & Age (As on the last date of Interaction-cum-assessment)				DD	MM	YY	Age	Years	Months	Days
Nationality					Religion						
2.	Category (SC/ST/OBC/General/Ex-serviceman)										
	Gender					Marital Status					
3.	Correspondence Address					Permanent Address					
	PIN CODE					PIN CODE					
	Other Contact information										
	Phone No with STD Code					Mobile No.					
	E-mail										
Alternate E-mail											

4.	Educational Qualifications (10th Standard onwards)					
	Name of Degree/Diploma	Subject / discipline	University/ Institution/Board	% of Marks	Grade/D iv.	Year of passing
	10th					
	12 th /Higher Sec					
	MBBS degree					
	Master's Degree					
	Others 1 (if any)					
	Others 2 (if any)					

5. Registration No. with Indian/ State Medical council:..... (attach the copy of the certificate).

6. Experience (if any) as on the last date of Application:.....Years.....Months Days.

7.	Details of Experience (In reverse Chronological order) (Attach extra sheet, if needed)									
	Organization	Post	Period		Duration		PB & G-Pay/ Pay level/ Conolid-ated Salary	Nature of Responsi-bilities	Temporary/ Regular/ Permanent Employment	Reason of Leaving (if applicab-le)
			From	To	Y	M				
a.										
b.										
c.										
d.										
e.										

8.	Character & Antecedents Report.	
	Particulars	Comments
a.	Have you ever been subject to any disciplinary action, as a student and/or as an employee, If so give full details.	
b.	Have you ever been dismissed/suspended from service/employment, if so, please give full details	
c.	Were you involved in any criminal case, if yes, give full details	
d.	Is any criminal case pending against you in court, if yes, give full details	

9.	Details of Enclosures (Important: all the enclosures should be self-attested and serially numbered):	
S.N	Description	Page no.
a.	Application Form	
b.	Documents in support of Educational qualification	
c.	Documents in support of other qualifications/ experience/ achievements	
d.	Documents in support of Date of Birth	
e.	Documents in support of Registration with Indian/ State Medical council	
f.	Category Certificate (if applicable)	
g.	Any other document (please describe... ..)	
10. DECLARATION:		
I _____ S/D/H/o _____ do hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form, as well as, in attached sheets are true to the best of my knowledge and belief. I undertake that If the fact that false information has been furnished or that there has been suppression of any factual information in the Application comes to notice at any time during the service of a person his/her services would be liable to be terminated.		
Date:		Signature of the candidate
Place:		