

**TEQ PROFORMA (FOR CIVIL)**

Application for the Post of .....in the department of.....

Name of the Candidate: \_\_\_\_\_

Date of Birth &amp; Age: \_\_\_\_\_

**A. For MD/MS/DM/M.Ch candidates**

Qualification	Name of the Medical College & Univ. *	Year	Registration No. of UG & PG with date	Name of the State Medical Council	Annexure No.
MBBS					
MD/MS					
DM/M.Ch.					

**B. For DNB Candidates****Provide Bedded information for non-teaching hospital with documentary evidence**

Qualification	Name of Medical College/Institution/ Hospital *	Year	Registration No. of UG & PG with date	Name of the State Medical Council	Annexure No.
MBBS					
DNB					
DrNB					

**C. For Non – Medical Candidates**

Qualification	Name of the Medical College & Univ. *	Year	Registration No. of UG & PG with date	Name of the State Medical Council	Annexure No.
M.Sc. in Medical					
Ph.D. in Medical					

**D. Training Course from Institutions designated by NMC**

			Annexure No
Certificate of Basic Course in Medical Education Technology	Yes	No	
Certificate of Basic Course in Bio-Medical Research	Yes	No	

\*Mandatory with documentary evidence

Note: For PG & Post PG qualification additional Registration certificate particulars be furnished and subject name be furnished within the bracket after scoring out whichever is not applicable.

Copies of all Registration Certificates attached.

Present Designation: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

City: \_\_\_\_\_

Nature of appointment: Permanent/Temporary/Adhoc/Honorary/Part-time

Address:-

.....  
.....

Mobile No:-.....

E-mail ID:- .....

Date of joining present institution:- \_\_\_\_\_ as \_\_\_\_\_

**Details of the previous appointments/teaching experience:-**

Position	Name of College/ Institution	Recognized/ Not Recognized/ LOP	From	To	Total Experience in year	Annexure No
Tutor/ Demonstrator/ Registrar Sr. Resident						
Assistant Professor						
Associate Professor						
Professor						

**Details of the Research publication in indexed/national journals:-**

S.No.	*Topic	First/Corr. Author	*Name of journals with ISSN No.	*Name of Indexing agency	*Date of Acceptance/ Publication	Annexure No

\* Mandatory with documentary evidence

It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his/her name from Indian Medical Register).

**(Signature of the Candidate)**

Date:

Place:

**Endorsement**

**(\*Endorsement by Colloge/Institute is not mandatory if the applicant is not working in any Medical College presently).**

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

**(Countersigned by the Director/Dean/Principal)**

Date:

Place:

**TEQ PROFORMA (FOR ARMY)**

Name of the Candidate: \_\_\_\_\_ Date of Birth & Age: \_\_\_\_\_  
 Mobile No.....E-mail ID:.....  
 Address:.....

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS				
MD/MS/				
DM/M.Ch.				

**Experience**

Sl. No.	Department	Details of Experience with date and place (*)					
		<b>Graded Specialist</b>		<b>Classified Specialist</b>		<b>Adviser/Consultant</b>	
		Period From..... To.....	Place of posting	Period From..... To.....	Place of posting	Period From..... To.....	Place of posting
Teaching Experience							

Total teaching experience\_\_\_\_\_

**\* Mandatory with documentary evidence**

It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such mis-declaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his/her name from Indian Medical Register).

**(Signature of the Candidate)**

Date:

Place:

**Endorsement**

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such mis-declaration or misstatement.

**(Countersigned by the Director/Dean/Principal)**

Date:

Place:

**CHECK LIST** (for submission of documents)

The candidates are requested to ensure that the documents be enclosed as per the order in the Checklist. All papers/documents should be numbered according to the checklist. Please arrange the application in the following order & tick mark the relevant boxes:

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | Online Payment of Rs. 5000/- (Rupees Five Thousand only) + 18% GST i.e total amount of Rs. 5900/- through RTGS/NEFT/IMPS in favour of Secretary, National Medical Commission, Canara Bank Account No. 90682160000025, IFSC Code. CNRB0019109, Sector-12A, Dwarka Branch New Delhi-110078 and intimate us the UTR No. after payment for further processing of application..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Application form .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Copy of educational/academic qualification certificates .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Copy of teaching experience certificates .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Copy of Original Research Publications with acceptance letter.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | All documents will be self-attested.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature:- \_\_\_\_\_

Dated:- \_\_\_\_\_

# **NATIONAL MEDICAL COMMISSION**

**Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077**  
**Phone : 011-25367033,25367035, 25367036,**  
**Email : teq@nmc.org.in, Website : <http://www.nmc.org.in>**

## **ACKNOWLEDGEMENT**

(to be filled by the candidate)

Received Application from Ms/ Mr..... D/o / S/o  
Sh.....with UTR No.....  
dated..... for Rs ..... for consideration of eligibility as  
TEQ Regulations, 1998 for the post of Assistant Professor/Associate  
Professor/Professor.



Signature of Receiving Official  
with date