PARAMETERS FOR ONLINE APPLICATION FORM

1. **Name** (in BLOCK CAPITAL):_____
2. **Father's Name** :_____
3. **Mother's Name**:_____
4. **Present Address**:_____
5. **E-mail & mobile phone no.** :_____
6. **MNC Registration No**
   a) **Primary** _____
   b) **Additional** _____
7. **NUID No** _____ **(MG should be in the beginning and 7 numbers)**
8. **Professional Qualification**:

Graduation/ Post Graduation	**Year of Passing**	**College/University from whichgraduated**

9. **Professional Qualification (drop down)**
   a. **Graduate**
   b. **Post Graduate**
10. **Year of passing** ____
11. **College University Last Passed:**_____
12. Field of specialization._____
13. Experience.
    a. Clinical
    * Place
    * From
    * To
    b. Teaching
    * Place
    * From
    * To
    c. Administration
    * Place
    * From
    * To
13. Current Designation _____
14. Current Place of Posting _____
15. Pay level: _____
16. Membership_____

I hereby declare that the information given by me in this application is true and correct to the best of my knowledge and belief. If the information or declaration of my eligibility is found to be false at any stage, my application shall be summarily rejected.

Sd/-
Director of Health Services
Medical Education & Research (DME)
Pasteur Hills, Meghalaya, Shillong