

**TEQ PROFORMA (FOR CIVIL)**

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

Date of Birth & 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
MBBS				
MD/MS (       )				
DM/M.Ch. (       )				

**B. For DNB Candidates**

Qualification	Name of Medical College/Institution/ Hospital *	Name of the University	Year	Registration Number	Name of the State Medical Council
MBBS					
MD/MS/DM/M.Ch./if any, (       )					
D.N.B. (       )					

**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
M.Sc. (       )				
Ph.D. (       )				

\*Mandatory

Note : For PG – Post PG qualification additional Registration certificate particulars be furnished and subject be furnished with brackets 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

Whether belongs to : O.G. SC/ST/OBC Ex-service Others

Permanent Residential Address :-

.....  
.....

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

Details of the previous appointments/teaching experience:-

Position	Name of Institution	From	To	Total Experience in year
Post DNB research experience, if any				
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor				
Associate Professor				
Professor				

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

S.No.	Topic	First Author	Name of indexed/national journals with ISSN No.	If accepted, date of acceptance*	If published, date of publication *

**\* 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 even 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**

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 even 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 misdelaration or misstatement.

( Countersigned by the Director/Dean/Principal )

Date:  
Place:

**TEQ PROFORMA (FOR ARMY)**

Name of the Candidate: \_\_\_\_\_ Date of Birth & Age : \_\_\_\_\_

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.	Departme nt	Details of Experience with date and place (*)					
		Graded Specialist		Classified Specialist		Adviser/Consultant	
		Period From To	Place of posting	Period From To	Place of posting	Period From To	Place of posting
Teaching Experience							

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

Date :

**\* 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 even 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 even 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.	Bank Draft of Rs. 5000/- (Rupees Five Thousand only) + 18% GST in favour of Secretary, Medical Council of India payable at New Delhi.....	<div>Yes</div>	<div>N</div>
2.	Application form .....	<div>Yes</div>	<div>N</div>
3.	Copy of educational/academic qualification certificates .....	<div>Yes</div>	<div>N</div>
4.	Copy of teaching experience certificates .....	<div>Yes</div>	<div>N</div>
5.	Copy of Original Research Publications with acceptance letter .....	<div>Yes</div>	<div>N</div>

Signature \_\_\_\_\_  
Dated \_\_\_\_\_

Ticket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077  
 Phone : 011-25367033, 25367035, 25367036,  
 Email : [mci@bol.net.in](mailto:mci@bol.net.in). Website : <http://www.mciindia.org>

(to be filled by the candidate)



**OFFICIAL  
SEAL**

Signature of Receiving Official  
with date