



BISHNUPUR PUBLIC INSTITUTE OF MEDICAL SCIENCE

(A Unit of Bishnupur Public Education Institute)

Affiliated to be West Bengal University of Health Science (WBUHS), Kolkata

Application ID – NMC/UG/2020/000109

Teaching Hospital Bishnupur District (Super Specialty) Hospital, Rashikganj, Bishnupur, Bankura
Academic Campus, Siromonipur, P.O & P.S - Bishnupur, Dist. - Bankura, Pin - 722122

Website: www.bimsc.org :: E-mail: bspmedical2021@gmail.com

(Please fill up the Application form in Block letter and use only Blue/Black ball pen)

Application for the position & Department

PASTE YOUR
RECENT
COLOUR
PHOTOGRAPH

1. Name:

2. Sex: Male Female

3.1 Father's Name:

3.2 Mother's Name:

4. Date of Birth: DD MM YY

4.1 Age as on 1st July, 2021:

4.2 Place of Birth

5. Address for Correspondence

City/Town State / Union Territory

Pin:

6. Phone No.: Residence Mobile

E-mail ID

Pan No AADHAR NO.
(Optional)

7. Marital Status: Married Unmarried

8. Whether any relative is / was employed in the Institute: Yes No

If yes, details of relationship and employment (Name, Designation, Department / Section and place of working):

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9. Whether belong to S.C./ S.T. Yes No

[If yes please enclose copy of proof certificate]

10. Details of Academic and Professional Qualification commencing from 10th Standard (Attach separate sheet if required)

Name of the Examination	Board / University / Institute	% of Marks	Years of Passing

11. Experience commencing from the present position (Attach separate sheet if required)

Name of the Employer	No. of Years served	Period		Designation	Job Profile	Scale of Pay	Pay Drawn per month
		From	To				

12. a. Name of the Current Employer. -
 b. Address of the Current Employer-
 c. Phone Number-
 d. No of Years Served: - From / To: -
 e. Present Department-
 f. Present Designation-
 g. Last Month Gross Pay - (Enclose last pay drawn certificate): - ₹.
 h. Basic Pay-
 i. Scale of Pay-
 j. Total Gross Emoluments per month: Rs.
 k. Annual CTC: - Rs
 (as per Income Tax Form No. 16/16A)

13. Name of Publication : 1)
 2)
 3)
 4)
 5)
 6)

14. Salary expected:

15. Professional Membership Details, if any

Name of the Institution	Membership status	Membership No.	Since when

16.

<u>Languages Known</u>	Read	Write	Speak

17. Extra Curricular Activities, if any

18. Details of application made earlier in the Institute:

Yes	No
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If yes, please furnish the details as below

Date of advertisement:

Post applied for:

Date of application:

Date of written test, if any: -

Date of interview, if called: -

19. Any other information in furtherance of candidature:

20. Minimum time required to join, if selected:

21. 2 References with contact Details:

	<u>Name</u>	<u>Contact Details</u>
(1)	_____	_____
(2)	_____	_____

Declaration

1. I declare that the above information are true and if found false, my candidature can be summarily rejected and if appointed, my service will be terminated without assigning any reason thereof.
2. I also declare that no criminal case is pending / contemplated against me in any court of law in India
3. I am aware that canvassing in any form will lead to my disqualification.

Place:

Date:

Signature

- Probation / Training Period 6 month
01/01/2021 – 30/06/2021 (Learning & Fitness Training) provided by HR, BPIE, Kolkata.
Boarding & T.A. provided as when required by the appropriate authority of B.I.M.S. Bachelor of M/F Training Hostel & Training Centre provided separately. Headed by Experience instructor (M/F) act as a guide.

