



**GOVERNMENT OF NCT OF DELHI
MAULANA AZAD MEDICAL COLLEGE**

**And Associated Lok Nayak, Govind Ballabh Pant Hospital & Guru Nanak
Eye Centre, 2, B.S.Z. Marg, New Delhi-02**

(Establishment Branch- II)

F.No.22(176)/Cont/2023/MC/E-II/ 5017

Dated 07/03/2023

Corrigendum

Reference advertisement for recruitment to the post of Assistant Professor on Contractual Basis in various Specialties of MAMC dated 06.03.2023.

The following amendments are hereby conveyed regarding date of interviews of some specialties as under:-

S.No.	Department	Date of Interview mentioned earlier	Date of Interviews rescheduled
1.	Forensic Medicine	23.03.2023	29.03.2023
2.	Nephrology	27.03.2023	23.03.2023
3.	Surgery	29.03.2023	27.03.2023

Rest of the contents of the above advertisement dated 06.03.2023 will remain same.

Dean, MAMC

**Dr. POONAM NARANG
DEAN
Maulana Azad Medical College
Govt. of NCT of Delhi
B.S.Z. Marg, New Delhi-110002**

APPLICATION FORMAT

1. Post Applied (Including Discipline): _____

2. Name of the Applicant: _____
(IN BLOCK LETTERS)

3. Date of Birth _____

4. Age as on date of Interview _____

5. Sex _____

6. Category (UR/OBC/SC/ST/EWS) :-----
(Latest OBC-NCL Certificate must issued from Govt. Of NCT of Delhi)

7. Address with Tel No. _____

_____ Mobile No. _____

E-mail Id _____ (Compulsory)

(IN BLOCK LETTERS)

8. Father's/Husband's Name _____

9. Whether Govt. Servant or or not : _____

10. Educational Qualification as per the format below:

S. No.	Exam Passed	Division/Grade	Year of Passing	Duration of Degree/Diploma	Board/University	Subjects of Specialization

Affix Recent
Passport Size
Photograph

11. Experience/Details of Employment as per format below:

Sl. No.	Office/ Institute	Post Held	Adhoc/ Regular	Exact date to be given		Total Period(in years)	Scale of pay	Nature of duties
				From	To			

12. Delhi Medical Council Registration No. : _____

13. Additional Information, if any, which you would like to mention in support of your suitability for the post :

UNDERTAKING

I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the department can take action against me if I am declared by them to be guilty of furnishing any wrong or suppressing information.

Place: _____

Date _____

(SIGNATURE OF THE CANDIDATE)

NAME _____