



SHILLONG MEDICAL COLLEGE

Government of Meghalaya

Pasteur Hills, Lawmali Road, Shillong, Meghalaya – 793001

E-mail: shgmedicalcollege@gmail.com

Website: shillongmedicalcollege.co.in

Annexure- 1

APPLICATION FORM FOR THE CONTRACTUAL APPOINTMENT AT SHILLONG MEDICAL COLLEGE 2026

1. Post applied for:
2. Department applied for:
3. Name:
4. Date of Birth:
5. Gender:
6. Father's/Guardian's Name:
7. Address for Communication:
8. Contact No and Email ID:
9. Educational Qualifications:
10. Registration No. with name of Medical Council:
11. Present Designation:

Affix Passport Size Photo

.....
Full Signature with date

***Self- attested photocopies of the documents should be attached.**



SHILLONG MEDICAL COLLEGE

Government of Meghalaya

Pasteur Hills, Lawmali Road, Shillong, Meghalaya – 793001

E-mail: shgmedicalcollege@gmail.com

Website: shillongmedicalcollege.co.in

Academic Records (MBBS/MD Equivalent Examinations):

Name of the Examination	University / Board	Year of Passing	Percentage (%) of marks obtained	University Topper in MBBS (Exit Examination/3 rd professional MBBS Part II Examination), MD/MS or Equivalent Examination	Academic Honours/Distinction/ University medal
MBBS or Equivalent examination					
MD/MS or Equivalent Examination					
Others					

13. Details of previous experience in recognized medical teaching institution:

Post	Name of Institution	From	To	Period of Service	Nature of Appointment (Regular/Contractual)
RMO/Tutor/SR/Demonstrator					
Assistant Professor/Lecturer					
Associate Professor					
Professor					

14. No of publications (published in indexed journal as per NMC guidelines)

a. National:

b. International:

15. Date of Publication of Result of MD/MS/Other equivalent PG examination:

16. Basic / Advanced Course in Medical Education Technology completed (Yes/No):

17. Basic Course in Biomedical Research completed (Yes/No):



SHILLONG MEDICAL COLLEGE

Government of Meghalaya

Pasteur Hills, Lawmali Road, Shillong, Meghalaya – 793001

E-mail: shgmedicalcollege@gmail.com

Website: shillongmedicalcollege.co.in

DECLARATION

I hereby declare that all information provided in this application is true, complete, and correct to the best of my knowledge. I understand that if any information is found to be suppressed, false, incorrect, or if I am deemed ineligible at any time during or after the recruitment process, my candidature or appointment may be subject to cancellation. Additionally, I confirm that I have not presented myself before any inspection by the National Medical Commission for the academic session 2026-2027.

.....

Full Signature with date