

ProformatobefilledupbytheFaculties(WBMES)underKnowYourFacultyProject

1. FullName(inCapitalLetter):
2. Discipline:
3. Present Designation:
4. Gender:Male/Female
5. Category(Pleasetickasapplicable):SC/ST/OBCGeneral
6. Date of Birth:
7. RegistrationNumberandNameoftheMedical Council:
8. Date ofjoininginWBHS:PSC_____/Adhoc_____(whereverapplicable)
9. DateofJoininginWBMES:PSC_____/walkin Interview_____(whereverapplicable)
10. DateofJoininginthe feeder Post:
11. AddressforCommunication
12. Email id:12.a)EmployeeId:
13. MobileNumber:13.a) PAN No :
14. _PresentPlaceofPosting:
15. DateofConfirmationofService:
16. DetailsofthePost&PlaceofPostinginWBMES/WBHSincludingfeederPost(Pleasealsomentiondetailment)

Sl. No.	Designation	Discipline	PlaceofPosting	Period(dates)ofService	
				From	To
1					
2					

AcademicDetails

Academic Name	Others Academic Name	DNB Training Centre	Degree/Diploma	Discipline	University	Others University	Number of chances taken to pass	Year of Passing/Year of publication of result

SpousePostingFacultyDetails

NameofFaculty	Registration Number	Designation	Discipline/De partment	PlaceofPosting	EmployeeId	Mobile Number

Therebysolemnlydeclarethattheinformationfurnishedabovearebasedonmaterialrecordsandaretruetothebestofmy knowledge and belief. Ifany information furnished or any part of it is found to be incorrect, then, I will be liable for prosecutions.

Date:

FullSignatureoftheApplicant

PresentDesignation:

Discipline

Present Place of Posting:

SignaturewithsealofHeadoftheInstitute
(Verified from Service Book)

(Thecandidatesaremandatorilyrequirednottomodifytheverificationproformainanyway.

Ifneeded,additionalinformationmaybeprovidedinseparatesheets.)