

← IMG202605251819...



4. Complete Residential Address of the employee:

a. Present: 1/431 TIKARAM COLONY, KANKARKHERA MEERUT
(AADHAR COPY ATTACHED)b. Permanent: 1/431 TIKARAM COLONY, KANKARKHERA MEERUT
(AADHAR COPY ATTACHED)5. Copy of Proof of Residence submitted and original verified: Yes
(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact details:

a. Office telephone with STD code: ----

b. Residence telephone with STD code: ----

c. Mobile Phone Number: 9359350003

d. Email address: pankajjainya@gmail.com

7. Date of joining the present institution: 15/10/2023

8. Joining report verified / attached Yes

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:
No.

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre: Yes / No.

b. at your college under Regional / Nodal Centre observership: Yes / No

c. Any other MET certificates may be attached

10. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
MBBS	2016	LLRM MC, MEERUT CCS UNIVERSITY, MEERUT	76477 06/04/2017	UPMCI
MD/MS	2019	LLRM MC, MEERUT CCS UNIVERSITY, MEERUT	19566 02/09/2022	UPMCI
DM/MCh				
PhD				

a. MD/MS subject: MEDICINE

b. DM/MCh subject: _____

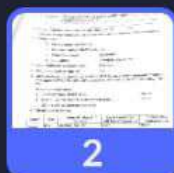
c. PhD subject: _____

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

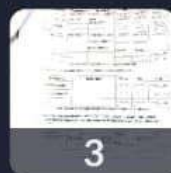
< 2/32 >



1



2



3



4



5



Crop



Doodle



Filter



Text

