



राष्ट्रीय समेकित कृषि अनुसंधान केन्द्र, मोतिहारी (बिहार)

NATIONAL RESEARCH CENTRE FOR INTEGRATED FARMING, MOTIHARI (BIHAR)
(भारतीय कृषि अनुसंधान परिषद INDIAN COUNCIL OF AGRICULTURAL RESEARCH)

कैम्प ऑफिस: भारतीय कृषि अनुसंधान परिषद का पूर्वी अनुसंधान परिसर, पटना

CAMP OFFICE: ICAR RESEARCH COMPLEX FOR EASTERN REGION, PATNA

F. No. IRCER/11-142/Medical Cases/2017

Date: 14.08.2017

Invitation of applications for appointment of AMA

The NRC-IF, Motihari invites applications from interested and eligible doctors fulfilling all the requirement for temporary appointment of Authorized Medical Attendant (AMA) of this institute. The details of qualification criteria and other terms and conditions are available on the website www.icarrcer.in/recruitment of AMA. The last date of submission of filled application form is 15.09.2017.

PK
14/8/17

(Prabha Kumari)

Assistant Administrative Officer (E)



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The furnishing of false information or suppression of any factual information in the verification form would be a disqualification for appointment as AMA. If the fact that the false information has been furnished of that there has been suppression of any factual information in the verification form comes to notice at any time during the period of appointment of AMA, his service would be liable to be terminated.

Photograph
of the
candidate

1. Name in Full (Block letters) :
(The name should be same as
in his qualification degree)
2. Father/Husband's Name :
3. Date of Birth :
4. Nationality :
5. Medical qualification i.e. MBBS/MD :
(Photocopy of the certificate/mark
sheet should be annexed).
6. MCI registration number and place of
registration (Photocopy of the certificate/
mark sheet should be annexed) :
7. Name of Medical College and
the University from where medical
degree (Bachelor) obtained :
8. Name of Medical College and
the University from where
medical degree (Master, if any) obtained :
9. Full Address of Clinic/Medical Centre :
(i.e. Number, lane/Street/Road,
village, Thana, Post Office, District etc.)
10. Present residential Address in full :
(including the name of Thana).
11. Permanent residential Address in full :
(including the name of Thana)
12. Work experience, if any
in Government Hospital. :
13. Work experience, total (in brief) :
14. Have you ever been arrested, prosecuted, :
or fined by a Court of Law?
If yes, give full details

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Date _____

Place _____

Signature of the Doctor
(With stamp)