

**BIHAR AGRICULTURAL UNIVERSITY
SABOUR, BHAGALPUR - 813210**

**APPLICATION FORM FOR THE POST OF
MEDICAL OFFICER**

Please read the information carefully on website prior to filling up this application for. You may use separate sheet/s wherever required. Documentary evidence(s) is/are to be attached for the data provided in this application failing which due weightage will not be given during scrutiny.

1. Details of DD Payable to Comptroller, BAU, Sabour

Name of the issuing Bank : _____

Draft No. & Date of issue: _____

Amount of Fee (Rs.) : _____

**Self-attested
latest passport
size photograph**

2. Name of the post applied for _____ Discipline, if any _____

Scale of pay Rs. _____ Advt. No. _____ SI. No. _____

3. Name in full (in capital letters) _____

4. Address:

a. Present (Correspondence) _____

_____ Mobile / Tel. No. _____

Email _____

b. Permanent (Home address) _____

5. Father's name _____

6. Mother's name _____

7. Date of birth _____ Place of birth _____

8. Age as on closing date for Receipt of Application (Year/Month/Day) _____

9. Nationality _____ Sex _____

10. Category : UR/SC/ST/EBC/BC/WBC* _____ (Attach certificate)

**11. (a) Mother tongue _____ (b) Other language (s) which the applicant can speak, read
or write fluently _____**

12. Name of the State of domicile _____

13. Academic Qualifications:

SI. No.	Examination passed	Year of passing	University / Board/Institute	Division	Marks (%) / OGPA	Subject/ Specialization
1.						
2.						
3.						
4.						
5.						
6.						
7.						

14. (a) Post held at present:

Post held	Date of appointment	Nature of the post (Temporary/Probation /Permanent)	Name and address of Employer	Responsibilities in the present post

(b) Present pay scale.....AGP/GP.....Any other pay.....

Basic Pay.....Dearness Allowance.....Gross Pay.....Total emolument.....

(c) Type of organization (Government/Semi-Government/Govt. Aided/Autonomous Body/University).....

15. Professional Experience (in the reverse chronological order)

SI. No.	Name of the employer	Post held/nature of duties	Period of Employment		Pay Scale and Basic pay drawn	Total emolument	Reasons for leaving
			From	To			

16. Award/Recognition/Rank/Special Attainments received etc. (if any, attach certificate)

17. Extra Curricular Activities _____

18. Name and addresses of two persons (not related to candidate) to whom reference may be made.

Sl. No.	Name & Designation	Correspondence address	Contact No.	Email ID
1.				
2.				

DECLARATION

I hereby declare that the information made in the form are true and correct to the best of my knowledge and belief. If any information is found to be false or incorrect or that if anything is found to have been concealed, I will be disqualified for selection or if appointed, will be liable to termination without any notice or compensation.

Date: _____

Place: _____

Full Signature with name of the candidate

REMARKS OF THE PRESENT EMPLOYER

(For in-service candidate)

The applicant, Mr/Ms/Dr _____ is holding a permanent/temporary post of _____ in the pay scale of Rs. _____ from (period) _____ to _____ and his/her basic pay is Rs. _____ per month. His/her application is herewith forwarded. He/She will be relieved, in case selected for the post applied for.

Date: _____

Place: _____

Signature
Designation of the Authorised Officer
(With official seal)

NO OBJECTION-CUM-VIGILANCE CLEARANCE CERTIFICATE

This office has no objection to Mr/Ms/Dr., working as (Name of the post), applying for the post of Medical Officer under Advertisement No. Bihar Agricultural University, Sabour, Bhagalpur. In case of his/her selection to the post, he/she will be relieved without as rules.

Further, certified that no disciplinary proceeding or vigilance case criminal proceeding is either pending or contemplated against Mr/Ms/Dr.....

[Authorised Signatory]

Name & Office Seal: _____

Date: _____



Schedule-I

BIHAR AGRICULTURAL UNIVERSITY
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Scorecard for
Direct Recruitment on the post of Medical Officer
under Bihar Agricultural University, Sabour

Sl. No.	Evaluation Criteria	Distribution of marks
A.	Evaluation of application form	
1.	Academic qualifications	60
2.	Experience in professional field	25
	Sub Total (A)	85
B.	Interview	15
	Total (A+B)	100

Item No.	Description
1.	ACADEMIC QUALIFICATION (Maximum 60 marks): Weightage to be given against the percentage of marks secured in the examination
	1.1 Academic Performance (Maximum 60 marks)
	1.1.1 MBBS – 50 marks Maximum (The determination of marks to be given to the candidate for MBBS shall be multiple of 0.5 of total percentage of marks obtained in the examination of said course. Thus if a candidate has obtained 50% marks, he/she shall get $50 \times 0.5 = 25$ marks)
	1.1.2 Post Graduation and above- 10 marks
2.	EXPERIENCE IN PROFESSIONAL FIELD (Maximum 30 marks)
	05 marks per year
