

Proforma to be filled up by the Faculties (WBMES) under Know Your Faculty Project

1. Full Name (in Capital Letter):

2. Discipline:

3. Present Designation:

4. Gender: Male/Female

5. Category (Please tick as applicable): SC / ST /OBC General

6. Date of Birth:

7. Registration Number and Name of the Medical Council:

8. Date of joining in WBHS: PSC _____ / Adhoc _____ (wherever applicable)

9. Date of Joining in WBMES: PSC _____ /walk in Interview _____ (wherever applicable)

10. Date of Joining in the feeder Post:

11. Address for Communication

12. Email id:

12.a) Employee Id:

13. Mobile Number:

14. Present Place of Posting:

15. Date of Confirmation of Service:

16. Details of the Post & Place of Posting in WBMES including feeder Post (Please also mention detailment)

Sl. No.	Designation	Discipline	Place of Posting	Period(dates) of Service	
				From	To
1					
2					

Academic Details

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

Spouse Posting Faculty Details

Name of Faculty	Registration Number	Designation	Discipline/Department	Place of Posting	Employee Id	Mobile Number

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and belief. If any information furnished or any part of it is found to be incorrect, then, I will be liable for prosecutions.

Date:

Full Signature of the Applicant

Present Designation:

Discipline

Present Place of Posting:

Signature with seal of Head of the Institute

(Verified from Service Book)

(The candidates are mandatorily required not to modify the verification proforma in any way.)

If needed, additional information may be provided in separate sheets.)