

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:
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					
3					
4					
5					
6					
7					

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)