APPLICATION FORM

Indian Institute of Technology Kanpur
Office of the Dean of Students' Affairs
Recruitment of Professional on Project Basis

Advertisement Notification No & Dt:**P.Rect./R&D/2025/168 dt. 21.07.2025**

Post applied: **Resident Psychiatrist**

Space for Passport size Photograph Signed across by the candidate

1. Name of Candidate:
2. Father Name:
3. Mother Name:
4. Date of Birth:
5. Aadhar No:
6. Complete Postal Address:

7. E-mail ID:
8. Contact No (Mobile):
9. Contact No (Landline)(if any):
10. Registration Number:
11. Educational/Technical qualification (starting from SSLC/10th onwards) :

Examination passed	Name of university/board/Institute	Duration of the course	Month / year of passing	Class/ Division/ Percentage	Subjects studied

12.Experience details (after possessing minimal required qualification for the post):-

Designation	From	To	Organization	Place	Nature of work

13. List of Supporting Documents to be attached (self-attested one set of scan copy)

A.Address Proof (any one : Passport/Aadhar card/Voter ID)
B.Proof of date of birth (any one: 10^{th} marksheet / 12^{th} marksheet /birth certificate)
C.Undergraduate Degree certificate
D. Postgraduate Degree certificate
E.Registration Certificate
F. Experience certificate

Note: If a candidate produces any certificate that is found to be false at a later stage, he/she will be terminated from the service immediately. No correspondence will be entertained in this regard.

I hereby declare that the information and particulars provided in this application for the post **Resident Psychiatrist** and is true.

Date:

Place:

Signature of applicant: _____

Full Name in Capital: _____