

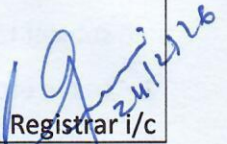


TEZPUR UNIVERSITY
(A Central University)
Tezpur – 784 028 (ASSAM)

ADVERTISEMENT NO. 08 / 2026
(Walk-in Interview)

A walk-in interview is scheduled for **Two (02) Jr. Doctors (Contractual)** positions required in the Health Centre, Tezpur University as given in detailed advertisement. Aspiring and eligible candidates should appear for the interview scheduled on **06.03.2026 from 10.00 AM** onwards. Candidates should bring all the original testimonials and duly filled application form on the day of Interview. Applicants are to register their names by submitting the duly filled in application form as per format attached with this advertisement through email to tucruit@tezu.ernet.in

Venue of Walk-in Interview: Administrative Building, Tezpur University.


Registrar i/c

Memo No.F.01-03/XVIII(E)/ **3691**

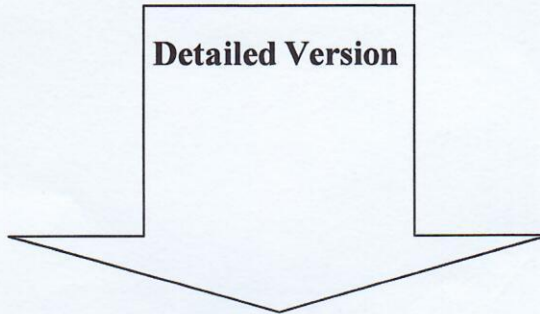
Date: **24.02.2026**

Copy to:

1. Dean, Academic Affairs, Tezpur University.
2. Dean, Students Welfare, Tezpur University.
3. Sr. Medical Officer, Health Centre, Tezpur University.
4. Personal Assistant to the Pro Vice-chancellor, Tezpur University, for kind information of the Pro Vice-Chancellor.
5. Webmaster, Tezpur University with a request to float the advertisement on the University Website.
6. Public Relations Officer, Tezpur University with request to give wide publicity in the University's Social Media Platforms.
7. Advertisement Guard File.


Registrar i/c
Tezpur University

Detailed Version





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ADVERTISEMENT NO. 08/2026

DETAILS OF MINIMUM QUALIFICATIONS AND OTHER REQUIREMENTS FOR THE POSTS

Position	No. of Post	Minimum educational qualifications/experiences/age etc.	Pay/Emoluments	Age (Maximum)
Junior Doctors (Contractual)	02	MBBS Degree.	₹. 70,000.00 per month (fixed).	No bar

1. The engagement will be contractual for a period of eleven (11) months with the provision for renewal subject to satisfactory performance.
2. Leave etc. will be governed as per rule.
3. A minimum of thirty (30) days' notice period will be required before leaving the job.
4. The appointed Doctor(s) will not be involved in any private practice. A declaration to this effect will have to be given once appointed.
5. The appointed Doctor(s) will have to reside on the campus and shall be available 24x7 on call.

Registrar i/c
Tezpur University

[Handwritten Signature]
20/2/26



TEZPUR UNIVERSITY

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Annexure-I

PART-A (Brief Particulars of Applicant)

1. (a) Advertisement No. and Date:
 (b) Post applied for:
 (c) Post Sl. No. as per the Advertisement:

2. Name in full (in CAPITAL letters):
 (Please **underline the surname**)

3. Father's/Mother's/Spouse's
 Name:

4. (a) Marital Status: (b) Gender: (c) Blood Group

5. (a) Correspondence address (in CAPITAL letters): (b) Permanent address (in CAPITAL letters):

<input type="text"/>		<input type="text"/>	
(c) Phone No.	Land line (with STD)	<input type="text"/>	(d) e-mail: <input type="text"/>
	Mobile	<input type="text"/>	

6. Date of Birth (as per Christian era):
 Day Month Year

7. Place of Birth (**including District and State**)

8. Age on the last date of receipt of application as stated in the advertisement:
 Years Month(s) Day(s)

9. Are you a citizen of India? Write YES or NO

10. (a) Do you belong to Scheduled Caste / Scheduled Tribe / Other Backward Classes / Persons with Disability / Ex-Serviceman?

SC	ST	OBC	PWD	Ex-Serviceman
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Write SC/ST/OBC/PWD/Ex-serviceman as the case may be:

(b) If none, write NONE in the box:

(c) If you belong to PWD (Persons with Disability), then state the nature of disability as OH (Orthopaedically Handicapped), VH (Visually Handicapped) or HH (Hearing handicapped):

OH	VH	HH
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Religion:

12. *If appointed, what notice / how much time would you require for joining the post?

(* May not be considered as binding)

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

Date: _____ Signature of the applicant
 Place: _____ Name in full:



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4. Present Occupation (if any):

(i) Designation : _____

(ii) Date of joining : _____

(iii) Name of the Office/Institution : _____
/Organisation with full address

(iv) Scale of pay : _____

(v) Present basic pay : _____

(vi) Total emoluments drawn : _____

(vii) Nature of duties : _____

5. Training programme(s) attended (if any):

Sl. No.	Name of the programme	Organized by	Duration	Period	
				From	To

6. References: *Please name two referees who are not related to you. If you are employed, one referee must be your employer.*

(i) Name : _____

Designation : _____

Address : _____

e-mail : _____

Mobile/Phone No. with STD code : _____

(ii) Name : _____

Designation : _____

Address : _____

e-mail : _____

Mobile/Phone No. with STD code : _____

7 (a) Details of enclosures sent with this application form:

i) _____ ii) _____

iii) _____ iv) _____

v) _____ vi) _____

vii) _____ viii) _____

ix) _____ x) _____

7 (b) *List of publications, if any, may be attached as Annexure.*

8. Declaration:

I hereby declare that I have carefully read and understood the advertisement, instructions and particulars supplied to me and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

Date: _____

Place: _____

Full signature of the applicant

Name in full:



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