



Department of Clinical Biochemistry
UNIVERSITY OF KASHMIR
(NAAC Accredited grade "A")
SRINAGAR

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No.: F(Consul.Patho-Diag. Centre/CLB/KU)2026-01
Dated: 13-01-2026

Application form for Engagement of Consultant Pathologist (Part-time)

1. **Name of the Applicant:**
2. **Parentage:**
3. **Permanent Address / Residence:**
4. **Academic Qualification(s)**
5. **Professional Registration Details:**
(Medical Council Registration No. & Council Name)
6. **Contact Number:**
7. **Email ID:**
8. **Expected Monthly Consultation Fee (Rs.):**
9. **Availability (days/hours per week, if any preference):**

Declaration:

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I understand that the engagement, if offered, shall be purely on a consultancy basis and shall not confer any right to regular appointment.

Signature of the Applicant:

Date: