

(Annexure-A)

Government Medical College, Srinagar

Advertisement Notice No: _____ Whether Retired/Non-PSC _____

Dated: _____

S. No. _____
(IN BLOCK LETTERS ONLY)

Photograph
Self attested

01. Post applied for _____ Department _____
02. Name of the Candidate Dr. Mr. / Ms. / _____
03. Father's Name _____
04. Permanent Address: Village/Street Mohalla _____
Tehsil _____ District _____ Pin Code _____
05. Present Postal Address _____
06. Telephone No _____ Cell Phone No. _____
07. Date of Birth

D	D	M	M	Y	Y	Y	Y
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 In Words _____
08. No. of Publication(s) as a first author _____ and second author _____ (enclosed)
09. Total No. of Attempts in MBBS (in figure) _____ (in words) _____
10. Details of Academic Qualification MBBS/M.Sc. on wards:-

S. No.	Examination	Max. Marks	Marks Obtained	%age
01.				
02.				
03.				
04.				
05.				
06.				
07.				
08.				
09.				
10.				

11. Total Teaching Experience (Registrar/Lecturer on wards) _____

12. Details of documents attached: -

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____
10. _____ 11. _____ 12. _____
13. _____ 14. _____ 15. _____

Declaration:

I hereby declare that the statements in this application are true and correct to the best of my knowledge and belief. I understand that any willful misrepresentation of facts and concealment of information result in the cancellation of my candidature.

Signature of Candidate