



**APPLICATION FORM FOR TENURE POST OF JUNIOR RESIDENT**

Advertisement Notice No: \_\_\_\_\_ Dated: \_\_\_\_\_

DD No: \_\_\_\_\_ Dated: \_\_\_\_\_

**IN BLOCK LETTERS ONLY**



1. Name of the Candidate: \_\_\_\_\_
2. Father's / Husband's Name \_\_\_\_\_
3. Permanent address: \_\_\_\_\_  
 Tehsil \_\_\_\_\_ District \_\_\_\_\_ Pin \_\_\_\_\_
4. Temporary address if any \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ In Words: \_\_\_\_\_
6. Email ID. \_\_\_\_\_ Phone No: \_\_\_\_\_
7. Are you PSC Confirmed / Non-PSC \_\_\_\_\_
8. Rural Service in Health Services of Jammu & Kashmir (With Duration) \_\_\_\_\_
9. Any Distention/ Honors/ Medal. (Specify). \_\_\_\_\_
10. No of Professional Publication(s) \_\_\_\_\_ (Kindly Enclose)
11. State Medical Registration No. \_\_\_\_\_
12. Details of Educational Qualification:

Examination passed	Name of the University from which passed	Year of Passing	No. Of Attempts in MBBS				Max. Marks	Marks Obtained	%age
			1 <sup>st</sup>	2 <sup>nd</sup>	Pre-final	Final			
MBBS									
Higher Qualification if any									

**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 will result in the cancellation of my candidature. :

Dated : \_\_\_\_\_ Place: \_\_\_\_\_  
 Total No. of Enclosures ( )

Signature of the Candidate