

GOVERNMENT MEDICAL COLLEGE, ANANTNAG, J&K

(Camp Office:MMABM Associated Hospital, GMC Anantnag)

Phone: 01932-227624

e-mail: gmcanantnag2018@gmail.com



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 st	2 nd	Pre-final	Final			
MBBS									
Higher Qualification if any									

DELARATION

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

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