



APPLICATION FORM FOR TENURE POST OF SENIOR RESIDENT / TUTOR / DEMONSTRATOR

Advertisement Notice No: _____ Dated: _____

Specialty Applied for: _____

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: _____

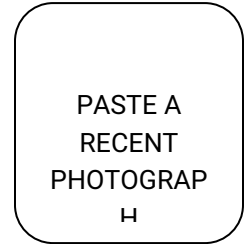
7. Details of Educational Qualification:

8. House Job career in teaching institution (With Duration) _____

9. Are you PSC Confirmed / Non-PSC _____

10. Rural Service in Health Services of Jammu & Kashmir (With Duration) _____

11. Any Distinction/ Honors/ Medal. (Specify). _____ (Kindly Enclose)



Examination Passed	Name of the University from which passed	Year of passing	No. Of Attempts				Max. Marks	Marks Obtained	%age
			1 st	2 nd	Pre-final	Final			
MBBS									
MD/MS									
DNB IN Specialty Diploma									
Any Other									

12. No. of Professional Publication(s) _____ (Kindly Enclose)

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.

Place:

Date:

Total No. of Enclosures. ()

Signature of the Candidate