

Government of Jammu & Kashmir Health & Medical Education Department OFFICE OF THE PRINCIPAL



GOVERNMENT MEDICAL COLLEGE, ANANTNAG

Phone: 01932-227624

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APPLICATION FORM FOR TENURE POST OF JUNIOR RESIDENT

Advertisement Notice No:		Dated:	
Specialty Applied for:			
DD No:	Dated		PASTE A
IN BLOCK LETTERS ONLY			RECENT
1. Name of the candidate:			PHOTOGRAPH
2. Father's / Husband's name			
3. Permanent address:			
Tehsil	District		
4. Temporary address if any		Pin	
5. Date of Birth	In Words:	· · · · · · · · · · · · · · · · · · ·	
6 .Email ID.		. Phone No:	

9. Details of Educational Qualification:

Examination Passed	Name of the University from which passed	Year of passing	Max. Marks	Marks Obtained	%age
MBBS		passing	IVIGI K3	Obtained	
MD/MS					
DNB IN Specialty					
Diploma					
Any Other				-	

Enclosures to be attached:

- a) Date of Birth Certificate.
- b) 12th Marks Card.
- c) Marks Certificate 1st, 2nd, Pre-Final and Final MBBS examination issued by the concerned University.
- d) Attempt Certificate MBBS examination issued by the concerned University.
- e) Internship completion certificate.
- f) MBBS Degree Certificate from a recognized University/Institution.
- g) J&K Medical Council Registration Certificate.
- h) Domicile certificate.
- i) Screening Certificate (for FMG, s only).

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.

Signature of the Candidate