



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



**GOVERNMENT MEDICAL COLLEGE, ANANTNAG**

(Main Campus Dialgam, Anantnag (J&K 192210))

Phone: 01932-227624

e mail: [gmcanantnag2018@gmail.com](mailto:gmcanantnag2018@gmail.com)

[ragmca22@gmail.com](mailto:ragmca22@gmail.com)

**Advertisement Notice No: 03 .GMCA (R&I) of 2024**

**Dated: 11 .06.2024**

Application on the prescribed format are invited from eligible candidates for the tenure posts of Junior Residents on Academic Arrangement basis under S.O-364 of 2020 dated 27.11.2020 initially for a period of six months extendable up-to a maximum of 01 year, subject to good work and conduct of the candidate certified by the concerned Head of department(s).

Candidates interested in applying for the said posts at Government Medical College, Anantnag can download the application form from [www.gmcanantnag.net](http://www.gmcanantnag.net) and can submit the application form in the office of Registrar (R&I), GMC Anantnag at Main Campus Dialgam Anantnag by or before **19-06-2024** ( **No application form will be entertained after due date**). The application forms complete in all respects, should be accompanied with a non-refundable bank demand draft of Rs. 500/- (Rupees Five hundred only) pledged to Principal, Govt. Medical College, Anantnag and payable at collection counter Anantnag.

**Terms & Conditions:**

1. Incomplete application form(s) in any respect or not appended with relevant certificates shall be rejected without further notice.
2. The application forms should be accompanied with the following self attested copies of the documents:-
  - a) Date of Birth Certificate.
  - b) 12<sup>th</sup> Marks Card.
  - c) Marks Certificate 1<sup>st</sup>, 2<sup>nd</sup>, 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) MCI/J&K Medical Council Registration Certificate.
  - h) Domicile certificate.
  - i) Distinction/National Scholarship/Honours/Medals/Academic Merit Certificates if any.
3. Maximum age for eligibility to apply shall be 50 years at the time of submitting application forms.
4. The Non PSC doctors shall be paid stipend as per S.O-364 of 2020 dated 27.11.2020.

No. GMCA/PD/R&I/Adv./JR/2024/797-801.

Dated 11 .06.2024

Prof. (Dr.) Rukhsana Najeeb

Principal  
Govt. Medical College Anantnag.

Copy to the:

1. Administrative Secretary, Health & Medical Education Department, Civil Secretariat J&K Jammu for information
2. Joint Director Information Department Srinagar for wide publicity of advertisement notice.
3. In charge website to upload the notice on web portal.
4. Office Record file.

**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 <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



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RECENT  
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