



Government Medical College, Srinagar

Whether Inservice Not Inservice Advertisement No. _____ Dated _____

IN BLOCK LETTERS ONLY

Photograph
Self attested

01. Tenure Post of **Registrar** Department _____
02. Name of the Candidate Dr. Mr. / Ms. / _____
03. Father's Name _____
04. Permanent Address: Village/Street Mohalla _____
Tehsil _____ District _____ Pin Code _____
05. Present Address: Village/Street Mohalla _____
Tehsil _____ District _____ Pin Code _____
06. Whether domicile of J&K Yes No
07. Email ID _____ Cell Phone No. _____
08. Date of Birth

D	D	M	M	Y	Y	Y	Y
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 In Words _____
09. No. of Publication(s) _____ (enclosed)
10. Are you a position holder, if yes, then specify _____
11. Total No. of Attempts in MBBS (in figure) _____ (in words) _____
12. Total period of Full time House Job from _____ to _____ Total period _____ Months.
13. Total period of Rural Service/Field Services (Certificate issued by Director Health Services) _____.
14. Bank Receipt/Online Transaction ID No. _____ Dated _____
15. Details of Education Qualification: -

S. No.	Examination Passed	Name of the University from which Passed	Max. Marks	Marks Obtained	%age
01.	MBBS				
02.	MD / MS				
03.	DM / M. Ch in Specialty				
04.	DNB in Specialty				
05.	Diploma				
06.					

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 result in the cancellation of my candidature.

Total No. of Enclosures ()

Signature of Candidate

For In-service Candidates

Certified that _____ holds the post of _____ in the Department/Institution of _____ since _____. This Department shall have no objection in relieving the applicant if he/she is selected for the post.

Seal & Signature of
Competent Authority