

04.

05.

Specialty

Any Other

GOVERNMENT MEDICAL COLLEGE

Karan Nagar, Srinagar – 190010

Photograph Self attested. (Please do not staple)

(IN BL	LOCK LETTER	RS ONLY)				(Please do no
01. Ad	dvertisement N	o. of	Dated. D D M M	Y Y Y	Υ	staple)
02. Te	enure Post of S	Senior Resident	Tutor		B.JB.	
03. De	epartment					
04. Na	ame of the Can	didate				
05. Fa	ather's Name_					
06. Pe	ermanent Addre	ess: Village/Street Moh	alla			
Te	ehsil	District_		_ Pin Code		
07. Pr	resent Address	: Village/Street Mohalla	i			
Te	ehsil	District_		_ Pin Code		
08. W	hether domicile	e of UT of Jammu and I	Kashmir Yes	No		
09. N	farital Status	If m	narried, Spouse Name ₋			
10. Er	mail ID		Cell Phor	ie		
11. Da	ate of Birth D	D M M Y Y Y	Y Age as one date (Y	ears only)		
12. Ap	oplying as <u>In-Se</u>	ervice candidate	Not In-Service candid	ate ate		
If	you are applyir	ng as In-service candida	ate, whether No Object	on Certifica	ate issue	d by your
pa	arent departme	nt Yes No if y	es, please attached NC	C.		
13. Ba	ank Receipt/On	lline Transaction ID No	•	Dated	d	
14. De	etails of Educat	tion Qualification: -				
S.	Examination	Name of the College	University Affiliated	Max.	Marks	%age
No.	Passed	from which Passed	with	Marks	Obtd.	/auge
01.	MBBS					
02.	MD/MS					
03.	DM / M. Ch in Specialty					
0.4	DNB in					

15. Details of Academic Honours: -

S. No.	Type of Academic Honours	No. of Certificates/Positions	
a)	Best outgoing student in each year $(1^{st}, 2^{nd}, 3^{rd})$ and 4^{th} during MBBS: - Overall 1^{st} position		
	Overall 2 nd position		
	Overall 3 rd position		
ხ)	Distinction in any subject during MBBS		
c)	Subject during MBBS: - 1 st position		
	2 nd position		
	3 rd position		
d)	Paper Presentation in National/International Conferences		
e)	Poster presentation in National/International Conferences		
f)	Best Paper Award		
9)	Best Poster Award		
h)	Best Video Presentation		

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 ()
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Signature of Candidate

FOR USE OFFICE ACADEMIC SECTION

Снескед ву	SEAL & SIGNATURE
•	FOR USE OF DIARY SECTION
REGISTRATION/DIARY	