

GOVERNMENT MEDICAL COLLEGE RAJOURI



Fax No:-01962-263209(0) 263209

e-mail:- gmcahrajouri@gmail.com

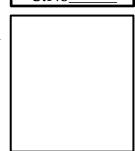
APPLICATION FORM FOR THE POST OF UNDER NATIONAL HEALTH MISSION (NHM) ADVERTISEMENT NO: 72 GMCR OF 2023 DATED 02-12-2023.

(PLEASE FILL IN BLOCK LETTERS)

S.No

1. Name of the candidate_____ 2. S/o D/o W/o_____ 3. Full Address for Correspondence_____

4. Permanent Residential Address



- 5. E-mail if any_____
- 6. Mobile No.
- 7. Qualification Details:-

Academic Qualification	Year of Passing	Marks Obtained	Total Marks	% of Marks/ CGPA	Board/University

8. Professional Qualification Details

Professional Qualification	Year of Passing	Marks Obtained	Total Marks	% of Marks/ CGPA	Board/University



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9. Documents Enclosed:

S.No.	Document	Yes/No	Remarks
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

9. Fee Details:

DD No:	Dated:	_	
Online Transaction No:		Dated	

DECLARATION

I	S/o/D/o/W/o	
R/o	Tehsil	District

do hereby affirm and declare that the entries made herein above are true and correct to the best of my knowledge and belief and nothing has been concealed therein. I have never been debarred from appearing in any examination/interview. I have never been arrested/prosecuted or involved in any criminal case registered by the police or convicted by the criminal court. I also undertake that if any of the information noted above at any stage is found false or fake, I shall be liable for action as warranted under rules, including disqualification/termination and criminal prosecution.

Signature of the candidate