

GOVERNMENT MEDICAL COLLEGE RAJOURI

Fax No:-01962-263209(0) 263209

e-mail:- gmcahrajouri@gmail.com

APPLICATION FORM FOR THE POST OF _____
ON ACADEMIC ARRANGEMENT BASIS UNDER S.O. 364 OF 2020 DATED
27.11.2020 ADVERTISEMENT NO: 73 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. Academic Qualification Details:-

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