

GOVERNMENT MEDICAL COLLEGE RAJOURI



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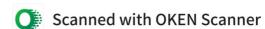
e-mail:-gmcahrajouri@gmail.com

<u>Application form for the post of Senior Resident on Academic Arrangement</u> <u>basis under S.O. 364 of 2020 dated 27-11-2020</u>

1. Name of the car	ndidate			
2. Parentage				Paste Self
3. Date of Birth_				attested Photograph
4. Permanent Add	lress	244		
				2.0
5. State	Tehsil	_District	Pin Code	
J. State		The second secon		
6. Contact No:				
7. E-mail ID:				
8. Academic Quali	fication			
(Whether FMGE: \	Yes/No)			

Exan	nination	University Name	Session	Marks Obtained	Max Marks	Percentage	Attempt Details
	1 st Prof						
	2 nd Prof						
MBBS	Pre-Final Prof				÷		
	Final Prof						
	Total Marks						

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Higher Qualification	University Name	Session	Remarks
MD/MS/DNB/MDS or			
higher qualification			
MCh/DM/DNB (Super			
Specialty)			

Documents Enclosed

S.No.	Document	Yes/No
1)		
		- 1 -
2)	The control of the co	
		15.00 0 1 10 11
3)		
4)		
5)		
6)		
7)		
	A SUBSTITUTE OF THE SUBSTITUTE	
8)		
9)		
10)		
Any other		1 4 1

Declaration by the Candidate

	S/o D/o W/o		
R/o	Tehsil	District	do hereby
affirms and declares that the inf	ormation made above a	re true and correct	to the best of my
knowledge and belief and nothing			
appearing in any examination/inte			
criminal case registered by the pol			
of the information noted above at	any stage is found false	/fake, I shall be lial	ble for the action as
warranted under rules including di	squalification/termination	and criminal proce	dures.
		Signature o	of the Candidate

FOR OFFICE USE:

Mode of	Registered Post	By Hand	Date of Receiving
Application			