

# Government Medical College, Srinagar

Whether PSC  Non-PSC  Advertisement No. \_\_\_\_\_ Dated \_\_\_\_\_

**IN BLOCK LETTERS ONLY**

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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 In Words \_\_\_\_\_
08. No. of Publication(s) \_\_\_\_\_ (enclosed)
09. Are you a position holder, if yes, then specify \_\_\_\_\_
10. Total No. of Attempts in MBBS (in figure) \_\_\_\_\_ (in words) \_\_\_\_\_
11. Total period of Full time House Job from \_\_\_\_\_ to \_\_\_\_\_ Total period \_\_\_\_\_ Months.
12. Total period of Rural Service (Certificate issued by Director Health Services) \_\_\_\_\_.
13. Details of Education Qualification: -



S. No.	Examination Passed	Name of the University from which Passed	Max. Marks	Marks Obtained	%age
01.	MBBS /M.SC.				
02.	MD/MS/Ph. D				
03.	DNB in Specialty				
04.	Diploma/M. Phil		<input type="checkbox"/>		
05.					
06.					

**Note: -**

In case of Microbiology/Biochemistry candidates having M. Sc/M.Phil/Ph.D shall be entitled for their reserved quota, under Rules.

**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