

# Government Medical College, Srinagar

## Application for House Job Training

Advertisement No. \_\_\_\_\_ Dated \_\_\_\_\_

### IN BLOCK LETTERS ONLY)

01. Specialty/Department applied for 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
02. Name of the Candidate Dr. \_\_\_\_\_
03. Father's Name \_\_\_\_\_
04. Permanent Address: Village/Street Mohalla \_\_\_\_\_  
Tehsil \_\_\_\_\_ District \_\_\_\_\_ Pin Code \_\_\_\_\_
05. MCI/Sate Registration No. \_\_\_\_\_ Date of Registration \_\_\_\_\_
06. Date of Completion of Internship 

D	D	M	M	Y	Y	Y	Y
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07. Whether domicile of J&K Yes  No
08. Email ID \_\_\_\_\_ Cell Phone No. \_\_\_\_\_
09. Date of Birth 

D	D	M	M	Y	Y	Y	Y
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10. Bank Receipt/Online Transaction ID No. \_\_\_\_\_ Dated \_\_\_\_\_
11. Details of Education Qualification: -



S. No.	Examination Passed	Name of the College/University from which Passed	Month & Year of Passing	Attempt in which passed	Max. Marks	Marks Obtained	% age
01.	First MBBS						
02.	Second MBBS						
03.	Final MBBS Part-I						
04.	Final MBBS Part-II						
Total Marks							

### 12. Detail of House Job if already done: -

S. No.	Name of the College/Hospital	Name of the Specialty	Date		Period		
			From	To	Year	Months	Days
01.							
02.							
03.							

#### 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*