



Government of Jammu & Kashmir
Sher-i-Kashmir Institute of Medical Sciences Srinagar
Department of Clinical Research

APPLICATION FORM FOR DIABETES EDUCATOR PROGRAMME

APPLICATION FOR THE POST OF: _____

Advt. Notification No. _____ Date _____

Recent passport
size photograph

(To be filled in by the candidate in BLOCK LETTERS)

01. Name: _____

02. Fathers/Husbands/Guardians Name: _____

03. Permanent Home address: _____

PIN code _____

04. Address for Correspondence _____

Pin code _____

05. D.O.B: _____ Years _____ Months _____ Days _____

06. Gender: Male () Female () Marital Status: Married () Unmarried ()

07. Whether presently employed /working in any project (give details if yes) or not _____

08. Contact No: Mobile: _____ E-mail ID: _____

09. **Academic Qualification:**
Under graduation

SNo	course	Name of University/college	Year of passing	No. of Attempts	Total & %age of marks

Post-graduation/Diploma

SNo	course	Subject	Name of University	Year of passing	No. of Attempts	Total & %age of marks

Doctorate (PhD/MD/DNB/MBBS)

S No	Subject	Name of University	Title of thesis	Year of passing	No. of Attempts

Experience

S. No	Name of Institution	From	To	Total period

Dated:**Signature of the candidate**

Declaration by the candidate:

I hereby declare that:

- (a) The statements made, information furnished in this application form and the enclosure submitted by me are true and correct;
- b) I have not concealed any information and in the event of any of the particulars/information given herein above is found incorrect or false, my candidature for the Interview/entrance examination may be cancelled.
- c) In the event any wrong statement/discrepancy is found at the time of admission or at later stage, my admission/selection may be cancelled.

Signature of the candidate

Date:

Declaration by the Father/Husband/Guardian;

I have fully read the information furnished by my son/daughter/wife and affirm that it is correct and true to the best of my knowledge. In case the information furnished above is found incorrect P.I shall be at liberty to initiate legal proceedings against him/her. And terminate her appointment from the said project

Sig. of the candidate's

Father/Husband/Guardian

Date:

Enclosures to be submitted along with this form: (Self attested copies of the following certificates).

Tick mark in the box for the enclosed certificate.

1. () Date of Birth Certificate

2. () Marks cards of 10th/12th /BSc/MSc/BCom/ Mcom/MBBS/MD/ MBA etc

3. () State Subject Certificate
Certificate

4. () Experience certificate

5. () MSc degree/ Phd degree