

(ANNEXURE-A)

GOVERNMENT MEDICAL COLLEGE UDHAMPUR.

Advertisement No. _____ Whether Retired / Non-PSC _____
Dated: - _____
S. No. _____

(IN BLOCK LETTERS ONLY)

1. Post applied for _____ Department _____
2. Name of the candidate Dr. Mr. /Ms./ _____
3. Father's Name _____
4. Permanent Address: Village/Street Mohalla _____
Tehsil _____ District _____ Pin Code _____
5. Present Postal Address _____
6. Telephone No. _____ Celle Phone No. _____
7. Draft No. _____ Dated _____ Branch _____
8. Date of Birth _____

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In words _____

9. No. of Publication(s) as a first author _____ and second author _____ (enclosed).
10. Details of Academic qualification MBBS/MS.c/ Ph.D on words :-

S. No.	Examination	Max. Marks	Marks obtained	% age
1				
2				
3				
4				
5				
6				

11. Total Teaching Experience (Registrar/ Lecturer / Assistant Professor / Associate Professor) on wards and mention the name of institution: -

- a) Registrar/ Demonstrator _____ (On wards) from _____
- b) Lecturer _____ (On wards) from _____
- c) Assistant Professor _____ (on wards) from _____
- d) Associate Professor _____ (on wards) from _____

12. Details of documents attached: -

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____
10. _____ 11. _____ 12. _____
13. _____ 14. _____ 15. _____

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 nay willful misrepresentation of facts and concealment of information result in the cancellation of my candidature..

Signature of candidate