



UNION TERRITORY OF JAMMU & KASHMIR

**GOVERNMENT MEDICAL COLLEGE & ASSOCIATED HOSPITAL RAJOURI**

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**APPLICATION FORM**  
**PARAMEDICAL COURSES**  
**GOVT. MEDICAL COLLEGE, RAJOURI.**

**TO BE FILLED BY THE CANDIDATE**

Name of the Candidate: \_\_\_\_\_

Parentage: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age as in 1st January 2025 \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Gender \_\_\_\_\_ Religion \_\_\_\_\_ Blood Group \_\_\_\_\_ Category \_\_\_\_\_

Contact No: \_\_\_\_\_

Email Id: \_\_\_\_\_

Please tick the course for which application is applied:

MLT

OTT

RDT

**Academic Qualification**

Examination	Subjects	Year of Passing	Maximum Marks	Marks Obtained	Percentage of Marks	Board/Institute/University
10th						
12th						

Signature of candidate



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