

Government Medical College - Handwara DEPARTMENT OF HEALTH AND MEDICAL EDUCATION UT OF JAMMU AND KASHMIR





Application Form for Non-gazetted Posts

Post Applie	d for:		Dep	partment:_				
Name:								
Name: Patentage:						Affix recent passport size photograph		
1. Gender:		_·				p.iotog.apii		
2. Date of Bir	th:				L			
3. City/Village/Town:			District:		State/UT	:		
Address of ap	plicant for corr	espon	dence(Attach	proof):			 -	
					Pin			
Email ID:				Mobile N	o:			
Alternate Phone no: Nationality:								
4. Category fo	or which applie	d(Atta	ch Certificate):				
Sub Category	:			·				
5. Educationa	nl Details:							
Examination	Course		Board/ University	Year of Passing	Total Marks	Marks Obtained	%age	
10th			,					
12th								
Diploma								
Degree								
Additional (if any)								
6. Details of Past Employment:								
Designation		Peri	Period for which held formTo			eriod Year & N	/lonth	
i.								
ii. iii								



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7. Following Documents are attached (tick attached documents):

a)	10 th	Marksheet.
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- b) 12th Marksheet.
- c) Date of Birth Certificate.
- d) Degree/Diploma.
- e) Aadhaar Card.
- f) Domicile Certificate.
- g) Experience Certificate (if any).
- h) Category Certificate (if any).

8. Declaration:	
I,	_, hereby declare that all the information submitted by me ir
the application form is cor	ect, true and valid. I will present the supporting documents
as and when required.	
	Signature of Applicant
	FOR OFFICE USE ONLY
FORM NO :	RECIEPT NO:
ELIGIBLE/NOT-ELIGIBLE:	

ASSESOR SIGNATURE