

GOVERNMENT MEDICAL COLLEGE, HANDWARA

Application Format for Junior Resident

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. NMC/State Registration No. _____ Date of Registration _____

06. Date of Completion of Internship

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07. Whether domicile of J&K Yes No

08. Email ID _____ Cell Phone No. _____

09. Date of Birth

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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 Junior Residency 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

