

GOVERNMENT MEDICAL COLLEGE HANDWARA

MAKESHIFT CAMPUS, BYPASS ROAD HANDWARA. PIN: 193221

APPLICATION FORM FOR SENIOR RESIDENT/TUTOR/DEMONSTRATOR

1. Department Applied _____

2. Advertisement No _____ Dated _____

3. Name _____

4. Residence _____

5. PSC/Non-PSC _____

6. Date of Birth _____

7. Phone/Email _____/_____

PASSPORT SIZE
SELF ATTESTED
PHOTOGRAPH

S.No.	Course	NAME OF COLLEGE	YEAR OF PASSING
1.	MBBS		
2.	MD/MS		

ACADEMIC CREDENTIALS

S. No	Description	Fill/Tick Appropriate	
1.	Aggregate Marks/ Percentage in MBBS/BDS		
	Attempts if any		
2.	Academic Achievement during Graduation		
	1. First Position overall.	Yes	No
	2. Second Position overall	Yes	No
	3. Third Position overall	Yes	No
	4. Distinction in any subject	Yes	No
3.	No of Publications (Indexing as per NMC.)		

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

Total No. of Enclosures ()

Signature of Candidate