

GOVT. OF UNION TERRITORY OF JAMMU AND KASHMIR

GOVERNMENT MEDICAL COLLEGE UDHAMPUR

S.No. _____

FOR OFFICIAL USE ONLY

DATE OF RECEIPT OF APPLICATION FORM _____

INITIALS OF RECEIPT CLERK _____

**APPLICATION FOR APPOINTMENT TO THE POST OF
REGISTRAR/DEMONSTRATOR IN GOVERNMENT MEDICAL COLLEGE UDHAMPUR**

NAME OF DOCTOR _____

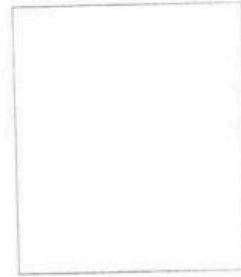
POST APPLIED FOR _____

NOTE:-

1. SEPARATE APPLICATION FORM SHOULD BE FILLED UP FOR EACH SPECIALITY
2. INCOMPLETE APPLICATIONS SHALL NOT BE ENTERTAINED

PHONE NO. _____

1. Name of candidate _____
(in Block letters as Documents)
2. Fathers Name _____
3. Date and place of Birth _____
4. Present Postal Address _____
5. Present place of posting _____
6. Service particular _____



Name of Hospital/ Dispensary	Status / Designation	Date of first appointment	Pay scale	Whether permanent or temporary

7. Academic career:-

- I) Month and years of admission to MBBS Course _____
- II) Attempts in which MBBS Prof. Examination passed: -

Examination passed	Name of University	Name of college	Year and Month passing	Attempts in which passed
Ist prof. MBBS				
2 nd Prof. MBBS				
Final Prof. I MBBS				
Final Part- II MBBS				

111) Details of National Scholarship, if any awarded during MBBS Course:-

Name of Scholarship	Period for which awarded	Remarks

1V) Position , if any , secured in the final MBBS Prof. (Req Exam.):_

Position Secured

Year and Month of passing the final MBBS
Prof. (Regular Examination)

--

Note:- 1) Credit is given for securing of the first three positions in regular examinations.
2) No. credit is given for securing position in subsequent examination.

V) Position , if any secured in each subject in the University MBBS Prof. (Regular Examination)

--

V1) . Detail of distinctions, prizes , medals, honours, if any obtained during the MBBS Course.

8. Full time house job career in a teaching institution

Name of hospital/ institution	Name of Speciality	Duration	Grading

9. Rural Service (Prior to postgraduation)

10. Field Service (after graduation)

11. Postgraduation career:-

MD/MS/Diploma	Name of University	Year of passing	Remarks

12. Professional publication in a standard Medical Journal _____

13. Details of teaching post, if any _____

Declaration by the candidate

I hereby declare that information given is true and correct to the best of my knowledge and belief. In case any information given by me in this application is proved to be false or incorrect, I shall be responsible for the consequence ...

Dated _____

Signature of the candidate

No objection certificate from Head of Department Institution

Certified that Dr. _____ holds the post of _____ in this department institution. I have no objection to his / her application being considered for appointment

Certified that he/ she submitted his/her application to this Department / office on for onward transmission to the office of the Principal, Medical College Udhampur.

No:-

Date:-

Signature _____

Designation _____

Office Stamp

Details of enclosures as prescribed form

S. No.

Name of Certificate

Reference to col. N. of Application Form

S. No.	Name of Certificate	Reference to col. N. of Application Form