



# GOVERNMENT MEDICAL COLLEGE

Karan Nagar, Srinagar – 190010

Photograph  
Self attested.  
(Please do not  
staple)

## (IN BLOCK LETTERS ONLY)

01. Advertisement No.   of 2024 Dated.
02. Tenure Post of **Senior Resident**  **Tutor**
03. Department \_\_\_\_\_
04. Name of the Candidate \_\_\_\_\_
05. Father's Name \_\_\_\_\_
06. Permanent Address: Village/Street Mohalla \_\_\_\_\_  
Tehsil \_\_\_\_\_ District \_\_\_\_\_ Pin Code \_\_\_\_\_
07. Present Address: Village/Street Mohalla \_\_\_\_\_  
Tehsil \_\_\_\_\_ District \_\_\_\_\_ Pin Code \_\_\_\_\_
08. Whether domicile of UT of Jammu and Kashmir Yes  No
09. Marital Status \_\_\_\_\_ If married, Spouse Name \_\_\_\_\_
10. Have you already done Registrarship/Senior Residency/Demonstratorship/Tutor Yes  No   
if yes, please attached experience certificate and specify the total period
11. Email ID \_\_\_\_\_ Cell Phone \_\_\_\_\_
12. Date of Birth         Age as one date (Years only)
13. Applying as In-Service candidate  Not In-Service candidate   
If you are applying as In-service candidate, whether No Objection Certificate issued by your parent department Yes  No  if yes, please attached NOC.
14. Bank Receipt/Online Transaction ID No. \_\_\_\_\_ Dated \_\_\_\_\_
15. Adhaar No.
16. Details of Education Qualification: -

| S. No. | Examination Passed | Name of the College from which Passed | College Affiliated with | Max. Marks | Marks Obtd. | %age |
|--------|--------------------|---------------------------------------|-------------------------|------------|-------------|------|
| 01.    | MBBS/M.SC          |                                       |                         |            |             |      |
| 02.    | MD/MS              |                                       |                         |            |             |      |
| 03.    | DM / M. Ch         |                                       |                         |            |             |      |
| 04.    | DNB                |                                       |                         |            |             |      |

**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*

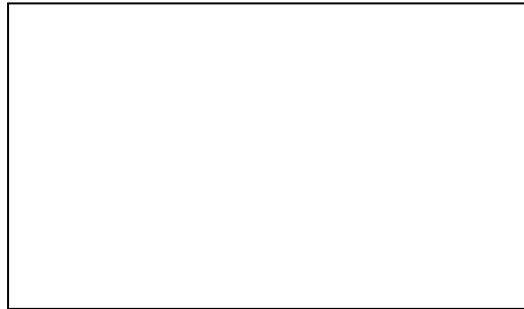
**FOR USE OFFICE ACADEMIC SECTION**

CHECKED BY \_\_\_\_\_

SEAL & SIGNATURE \_\_\_\_\_

**FOR USE OF DIARY SECTION**

REGISTRATION/DIARY



**Following Self-attested photocopies of certificates/documents to be attached with this form: -**

- a. Fee Receipt
- b. MBBS marks sheet of all phases and qualification certificate.
- c. MD/MS/DNB/MCh./DM qualification/degree certificate of the respective specialty in respect of Medical candidates.
- d. M.Sc Medical Anatomy/Medical Biochemistry/Medical Physiology, qualification/degree certificate in the case of non-medical candidates.
- e. Internship certificate.
- f. Date of Birth Certificate.
- g. NMC/Jammu and Kashmir Medical Council Registration Certificate.
- h. Domicile Certificate.
- i. No Objection Certificate (for In-Service candidates only)
- j. Experience certificate (only for those candidates who have already done Registrarship/Senior Residency/Demonstratorship/Tutor)
- k. Affidavit(s).