



UNION TERRITORY OF JAMMU & KASHMIR

GOVERNMENT MEDICAL COLLEGE & ASSOCIATED HOSPITALS, KATHUA

Phone No.:- 01922-295586

Email: Kathuagmc1@gmail.com

Vacancy Update for the post of SR/Demonstrator GMC Kathua

Open this link: - <https://rb.gy/y5c5n>

Or



Scan this QR Code: -

Fee Payment:

THE ASPIRING APPLICANTS SATISFYING THE ELIGIBILITY CRITERIA IN ALL RESPECTS CAN SUBMIT THEIR OFFLINE APPLICATION FORM IN THE GMC KATHUA ON OR BEFORE 02nd SATURDAY OF EACH MONTH TILL 04:00 P.M

FEE and Mode of Payment: Rs. 500/-Each Online (Non-Refundable)

ACCOUNT NO: 1230010200000033

IFSC CODE: JAKA00LDBUS

ACCOUNT NAME: GMC RECRUITMENT ACCOUNT

Note: The vacancy will be updated on 1st of every month. Kindly check the vacancy and go through the rolling advertisement notice issued in this context before applying.



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Application Form For The Post Of Demonstrator/Senior Resident On Tenure Basis

Rolling Advertisement NO: _____

Dated: _____

Space for
Photograph

1. Name of Candidate _____
2. Father's Name _____
3. Date of Birth _____
4. Present Postal Address _____

5. Post and Discipline Applied: _____
6. Qualification Degree & Specialty: _____
7. Domicile of UT of J&K: _____
8. Academic career:

MBBS Candidate				Non-MBBS/Medical M.Sc Candidate		
MBBS Marks Detail	Max. Marks	Marks Obtained	Attempts in which passed	M.Sc Marks Detail	Max. Marks	Marks Obtained
1 st Prof MBBS				1 st Semester		
2 nd Prof MBBS				2 nd Semester		
Final Part-I MBBS				3 rd Semester		
Final Part-II MBBS				4 th Semester		
Total=				Total=		

9. Postgraduate career: -

Name of the Degree/Course	Name of university	Year of passing	Remarks (If any)



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10. Academic Honours:

S.No.	Academic Honours	Enclosures
1.	Best outgoing student in each year (1 st , 2 nd , 3 rd and 4 th)	
	a. Overall 1 st position	
	b. Overall 2 nd position	
	c. Overall 3 rd position	
	2.	Distinction in any subject
3.	Subject	
	a. 1 st Position	
	b. 2 nd Position	
	c. 3 rd Position	
4.	Paper presentation in National/International Conferences	
5.	Poster presentation in National/International Conferences	
6.	Best Paper Award	
7.	Best Poster Award	
8.	Best Video Presentation Award	

Declaration by the Candidate

I hereby declare that information given above 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 consequences.

Dated _____

Signature of the Candidate



भोम हृदयम्
THE HEART - THE HANDS - THE HEATH



सत्यमेव जयते



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Documents Check List cum Receipt

Form No.:

Name: _____

Father's Name: _____ **D.O.B** _____

Email: _____ **Mobile No:** _____

Post Applied and Specialty: _____

S.No.	Documents	Encl.	Remarks
1	10 TH DIPLOMA/MARKS CARD/ D.O.B Certificate		
2	MBBS Degree / BDS DEGREE/Medical M.SC Degree		
3	MBBS/BDS REGISTRATION		
4	MBBS/ BDS / Medical M.Sc MARKS CARD (All Profs and Semesters)		
5	MBBS/ BDS ATTEMPT CERTIFICATE		
6	MBBS/BDS/ INTERNSHIP COMPLETION CERTIFICATE		
7	MD/MS/DNB/Diploma/Medical PhD DEGREE		
8	MD/MS/DNB REGISTRATION		
9	Academic Honours/ Certificates		
10	DOMICILE CERTIFICATE		
11	NOC in case of PSC Candidate		
12	Affidavit from 1 st Class Magistrate (In Original)		
13	Transaction Id of Online Fee Payment (Kindly take prinout and enclose with this application form)		

Note:- (1) Separate application form should be filled up for each specialty.

(2) Incomplete applications shall not be entertained.

Applicant Signature with Date of Submission

Receiving Official