UNION TERRITORY OF JAMMU & KASHMIR HEALTH & MEDICAL EDUCATION DEPARTMENT OFFICE OF THE PRINCIPAL GOVERNMENT MEDICAL COLLEGE KATHUA

Annexure 'A'

APPLICATION FORM

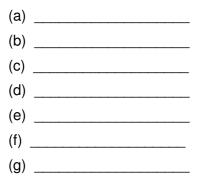
Post Applied for:		
Advt. No:	Dated :	(
Name of the Candidate:		Space for
Parentage:		Photograph
Date of Birth:		()
Permanent Address:		
Contact No:		
Email Id:		

Academic Qualification

Examina	ation	Su	bject	Year of Passing		kimum arks	Obtain Marks		Percenta Mark		Board / Institute / University
10 th											
12 th											
<u>Techni</u>	ical / Profe	essior	nal Qua	lification							
Degree	/Diploma	Subje	ects	Year of Passing		kimum arks	Obtain Marks		Percenta Mark	ge of s	Board / Institute / University
<u>Experi</u>	ence										
S.No	Designa	tion	Name institu	of tion	the	Fro	m	-	Го	Tota	al Experience

UNION TERRITORY OF JAMMU & KASHMIR HEALTH & MEDICAL EDUCATION DEPARTMENT OFFICE OF THE PRINCIPAL GOVERNMENT MEDICAL COLLEGE KATHUA

Documents Attached:



DECLARATION

I ______S/o, D/o, W/o ______ R/o Tehsil District do

hereby affirm and declare that the entries made here in above are true and correct to the best of my knowledge and belief and nothing has been concealed therein. I have never been debarred from appearing in any examination / interview. I have never been arrested / prosecuted or involved in any criminal case registered by the police or convicted by the criminal court. I also undertake that if any of the information noted above at any stage is found fake or false, I shall be liable for the action as warranted under rules, including disqualification / termination and criminal procedures. I shall accept the selection made by the selection committee, which will be binding on me.

Signature of candidate

UNION TERRITORY OF JAMMU & KASHMIR HEALTH & MEDICAL EDUCATION DEPARTMENT OFFICE OF THE PRINCIPAL GOVERNMENT MEDICAL COLLEGE KATHUA

RECEIPT

	Office Copy
Received application from Mr/Ms/Mrs	
W/o R/o	
of today on	· · · · · · · · · · · · · · · · · · ·
Document enclosed	
Signature of the receiving clerk	
<u>RECEIPT</u>	
<u>RECEIPT</u>	S/o, D/o, W/o

Document enclosed _____

Signature of the receiving clerk