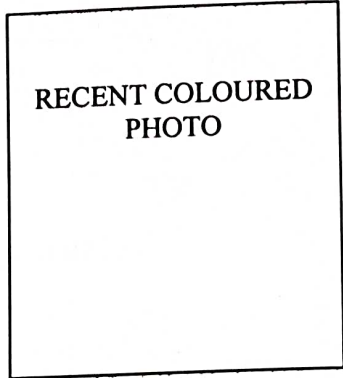


Government Medical College, Haridwar
Application Form for Resident/Demonstrator/Tutor

For the post of:

Department :

1. Name:
2. Father's/Husband Name:
3. Date of Birth & Age
4. Category: General/ OBC/ SC/ ST/ EWS
5. Permanent Address-



6. Correspondence Address:

7. Email: _____

8. Aadhar Number: _____

9. PAN No.: _____

10. Mobile Number : _____

11. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
MBBS				
MD/MS				
DM/MCh				
PhD				

12. Details of Teaching experience till date:

Handwritten signature/initials

Designation*	Department	Institution	From	To	Total
Junior Resident			--/ /--	--/ /--	__(y)__(m)
Senior Resident			--/ /--	--/ /--	__(y)__(m)

13. PAN Card Number:

14. Aadhar card Number:

15. I have drawn total emoluments from this college in the current financial year as under:

16. Number of publications indexed per notification of MCI/NMC:

a- National:

b- International:

17 Basic course workshop training done - Yes/No

18 Basic course in Biomedical Research done - Yes/No

19 Are you under obligation of Essential State Service Bond in any State of India - Yes/No

20. Have you appeared in any other institution on or after dated 01-08-2023: Yes/No

DECLARATION BY THE CANDIDATE

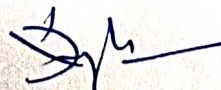
I, hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date:

Place:

Signature of Candidate:

Name of Candidate: _____



SNo	Documents	Submitted
1.	Recent Passport size photo of Employee,	Yes / No
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar	Yes / No
3.	Copies of MBBS / MSc/ Phddegrees (as applicable).	Yes / No
4	Copies of MD/ MS / PhD degrees (as applicable).	Yes / No
5	Registration Certificates of MBBS, PG, PhD degree (as applicable).	Yes / No
6	Registration Certificates of MD degree	Yes / No
7	Copy of PAN Card	Yes / No
8	Copy of Aadhar Card	Yes / No
9	Any other	Yes / No

.Date :

Signature of Candidate

Countersigned by:

Name :

Designation:

Department:

