

OFFICE OF THE AUTONOMOUS STATE MEDICAL, COLLEGE, PILIBHIT
APPLICATION FOR THE POST OF NON PG JUNIOR RESIDENT/TUTOR/DEMONSTRATOR

Name of Department.....

1. (a) Full Name (Block Letter).....

(b) Age & Sex (Male/Female).....

2. Father's Name.....

3. Date of Birth/...../..... Age

4. (a) Correspondence address with Tel No.....

(b) Permanent address with Tel No.....

5. Mobile Number.....E-mail ID.....

6. Belong to which category (Tick the category) General/E.W.S/O. B. C/ S.C/S.T.

7. NEET PG All India Rank

8. (a) Registration No with name of the Medical Council

(b) Registration no with name of the Medical council (MD/MS/DNB).....

9. Education Qualification (Please Self attested Photocopy of document in support)

Qualification	Year of Admission	Year of passing	Board/institution/Univesity	No. of Attempts	% of Marks
Highschool					
MBBS					
Other Qualification					

10-(a) Present Employment Post held since(if any).....

(b) If yes, address of the present employer and NOC from the Employer.....

11. Inquiry to any or disciplinary action pending/ taken during the study period at the medical college.....

Note: Enclosed Document in support of information given on S. No. 3, 6, 7, 8, & 9

DECLARATION BY THE CANDIDATE

I have declare that the above information is true, and contact to the best of my knowledge and belief. I have not suppresses any material, facts of factual information. I have never been debarred from appearing at any examination. I understand that my candidature is liable to be rejected in the event of any mis-statement/ discrepancies in the particulars being detected and after my appointment in such an event. My services are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation. If at any stage of my selection, my ineligibility for candidature is cancelled as a result thereof.

No. of Enclosure:

Place.....

Date.....

(Signature of the candidate)

Name:

Paste a self
Attested
Passport
Photograph