

OFFICE OF THE PRINCIPAL
KALYAN SINGH GOVERNMENT MEDICAL COLLEGE,
BULANDSHAHR

**APPLICATION FOR THE POST OF NON PG JUNIOR
RESIDENT/TUTOR/DEMONSTRATOR**

- Name of Department-----
- 1- (a) Full Name(Block Letter)-----
(b) Sex (Male/Female) -----
- 2- Father's Name -----
- 3- Date of Birth -----Age-----
- 4- Marital Status Details of Spouse
- 5- (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(M.B.B.S.)-----
(b) Registration No with name of the Medical Council (MD/MS/DNB) -----
- 9- Education Qualification (Please self-attested photocopy of document in support)

Paste a Self
Attested
Passport
Photograph

Qualification	Year of Admission	Year of Passing	Institution/University	No. Of Attempts	Work & Conduct
High School					
Intermediate					
MBBS					
MD/MS					
Any other (pl specify)					

10- Distinctions / awards during MBBS program.....

11- Any disciplinary action pending/taken during the study period at the medical college? Please provide details-----

12- Participation in extra- curricular activities.....

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

DECLARATION BY THE CANDIDATE

I hereby declare that the above information is true, and correct to the best of my knowledge and belief. I have not suppressed any 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 Enclosures:

Place _____
Date _____

(Signature of the Candidate)
Name: