

Office of the Principal, Autonomous State Medical College Kushinagar U.P.

APPLICATION FOR THE POST OF NON PG JUNIOR RESIDENT/TUTOR/DEMONSTRATOR
Name of Department.....

1. (a) Full Name (Block Letter).....
- (b) Age & Sex
2. Father's Name.....
3. Date of Birth.....Age.....
4. (a) Correspondence address with Tel No.....
-
- (b)Permanent address with Tel No.....
-

Paste a Self
Attested
Passport
Photograph

- 6- Belong to which category (Tick the category) General/E.W.S./O.B.C./S.C./S.T.
- 7- Registration No. with name of the Medical Council.....
- 8- Education Qualification (Please self attested photocopy of document in support)

Qualification	Year of Admission	Year of Passing	Board/Insti- tution/Univ- ersity	No. Of Attempts	% of Marks
Highschool					
MBBS					
Other Qualification					

- 9- (a) Present Employment post held since (if any).....
- (b) If yes, address of the present employer and NOC from the employer.....
- 10- 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 correct 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: