



एक कदम स्वच्छता की ओर

UNION TERRITORY OF JAMMU & KASHMIR

GOVERNMENT MEDICAL COLLEGE & ASSOCIATED HOSPITAL RAJOURI

Contact No :- 01962 – 263209 (O)

email : gmcahrajouri@gmail.com

Website : gmcrājouri.in

APPLICATION FORM FOR THE POST OF PROFESSOR, ASSOCIATE PROFESSOR, ASSISTANT PROFESSOR UNDER ACADEMIC ARRANGEMENT BASIS UNDER S.O.364 OF 2020 DT 27-11-2020.

1. Name of the Candidate _____

2. S/o/D/o/W/o _____

3. E-mail if any. _____

4. Mobile No _____

5. Full Address for Correspondence _____

6. Permanent Residential Address _____

7. Qualification Details:-

Paste your
photograph

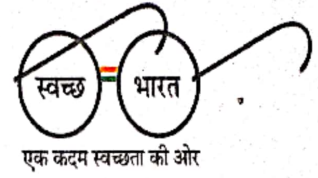
Qual.	Year of Passing	Marks Obtained	Total Marks	Percentage of Marks	Board/Institute/University

Documents Attached:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____

Signature of the candidate





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DECLARATION

I _____ S/o/D/o/W/o _____

R/o _____ Tehsil _____ District _____

do hereby affirm and declare that the entries made herein 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 false or fake, I shall be liable for action as warranted under rules, including disqualification/termination and criminal prosecution.

Signature of the candidate

S. No. _____

Receipt

Received application from Mr./Miss/Mrs. _____

S/o/D/o/W/o _____ R/o _____

for the post of _____ today on _____

Signature