## **GOVERNMENT MEDICAL COLLEGE, RATLAM**

Gram Banjali, Sailan Road, Ratlam – 457001 (M.P.) email:-<u>deanratlam@gmail.com, prof-gmcratlam@mp.gov.in</u> Web.Site :- www.gmcratlam.org

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#### **APPLICATION FORM**

Note: This application form should be filled in by candidate in his/her own handwriting. All answers must be given in words and not by dashes and dots. No column should be left blank. Please strike-out the clause/columns which are not applicable. Clauses 13 - 15 are applicable for Laboratory/Research/Scientific posts only.

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Name of Post: Name of Project:		Affix a dully Passport	recent signed size
Applied Post Category: UR OB	SC SC ST	Photogi	aph
Name in Full (IN CAPITAL LETTERS)	: Mr./Miss/Mrs./Dr		
Father/Husband's Name	:		
Date of Birth	:		
Gender	: Male Female		
Marital Status	: Unmarried Married C	others	
Caste (Please attach a certificate in support of your claim)	: General OBC SC	ST	
Nationality	:		
Address for Communication : Current :			
Permanent :			
– Mobile number & E-mail ID : F	Mob.:		

### Academic Qualification(s):

[Particulars of all academic examinations passed and degree obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates]

	Year of	Class /	Detail o	of Marks	Subject(s) taken
ducation Board/	passing	Division	Total	Obtained	
University					
	University	, 1 0	, 1	, 1	, , , ,

:

#### Any additional qualification

(Technical & desirable qualification may be mentioned here)

## Computer Knowledge

(Please specify degree / diploma obtained and / or experiences of using computer)

#### Employment History:

(Please provide details about present and previous employments)

	Duration					
Name of employer	Date of joining	Date of leaving	Designation	Last Salary drawn (in Rs.)	Nature of · employment	

Awards & Scholarships (if any)	:
Research Experiences	: Total experience (in years)
Break-up of total experience -	

- (i)
- (ii)
- (iii)

Details of postgraduate work and published papers:

[Give titles of the paper published and attach reprints (if space below is insufficient, give full particulars on a sheet of paper and attach it with this application, inserting here a reference to the sheet)].

# DECLARATION

I hereby declare that all entries made in this form and additional sheets (if any) furnished herewith are true to the best of my knowledge and belief.

Date:

Place:

(Signature of the Candidate)

Enclosures: Attested copies of all certificates/testimonials