Appendix-'A'

Application Form

| 1. | Name of candidate in capital letters: | | | | |
|-----|---|------------------------|--------------------------------|--|--|
| 2. | Father's/ Husband Name: | | Please paste | | |
| 3. | Date of Birth: | | self attested | | |
| 4. | Education Qualification (Professional): | | passport size photograph here. | | |
| 5. | Permanent Home Address: | | | | |
| 6. | Correspondence address (if different, from permanent address: | | | | |
| | Mobile No.: | | | | |
| 7. | Category: General/ SC/ ST/ OBC etc.: | | | | |
| 3. | Whether GDO/ Direct Candidate : | | | | |
| 9. | Whether the candidate is in-service GD | OO/Ad-hoc/Contract/RKS | appointees: | | |
| 10. | Details of Service (for GDOs only): | | | | |
| | Adhoc/Contract/RKS basis: | from t | 0 | | |
| | Regular basis: | from t | 0 | | |
| 11. | Detail of institutions served: | | | | |
| | Name of Institution: | from t | 0 | | |
| | | from t | 0 | | |
| | | from t | 0 | | |
| | | fromt | 0 | | |
| | | | | | |

12. Whether the candidate has worked as Senior Resident/ Tutor Specialist or Junior

| | Resider | nt/ Tutor General in the past. If y | es, details thereof: | | |
|-----|--|-------------------------------------|----------------------|------|--|
| | (i) (ii) | | | | |
| | (iii) | Period: | from | _ to | |
| 13. | Details of certificates attached with application: | | | | |
| | (i) | | | | |
| | (iii) | | (iv) | | |
| | (v) | | (vi) | | |
| | (vii) | | (viii) | | |

14. Medical College/ Institution applied for : ______

15. Details of marks obtained in MBBS degree:

| Sr. No. | Exams | Maximum Marks | Marks Obtained |
|---------|---------------------|---------------|----------------|
| 1 | First Professional | | |
| 2 | Second Professional | | |
| 3 | Final Professional | | |
| | Total Marks | | |

Note: Marks out of $30 = \{Marks \text{ obtained in First, Second & Third Prof. } \div \text{ Total marks } x 30\}$

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| | Sr. No. | Exams | Maximum Marks | Marks Obtained |
|----------------------|---|---|---|--|
| | 31. NO. | LXaiiis | Waxiiiuiii Waiks | Walks Obtained |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | | arks out of 40 = {Total MD/MS/DNB/MDS x 40} | Marks obtained in MD/N | /IS/DNB/MDS ÷ Total |
| 17. | Details of Bo | ond Condition as per PG/S | SS policy: | |
| 18. | first/corresp | blications (include or onding author):il separately with a copy o | | and papers as |
| 19. | Bank draft/ | olication fee:- online transaction detail:- il separately with a copy o | of proof). | |
| | | <u>UN</u> | DERTAKING | |
| | | | | |
| und | plete and truertake to pre | ereby, declare that, the erue to the best of my knesent the original documents to solohy responsible | nowledge and based oments on the designat | n records. I, hereby, ed date of personal |
| und app | plete and truertake to preearance. I sh | ue to the best of my kr | nowledge and based oments on the designate for any wrong informate | n records. I, hereby, ed date of personal ion supplied by me. I |
| und app | plete and truertake to preearance. I sh | ue to the best of my kresent the original docur | nowledge and based oments on the designate for any wrong informate | n records. I, hereby, ed date of personal ion supplied by me. I g the appointment. |
| unde appe shal | plete and truertake to preearance. I sh | ue to the best of my kresent the original docur all be solely responsible relevant policy/instruction | nowledge and based oments on the designate for any wrong informatins/notifications regardin | n records. I, hereby, ed date of personal ion supplied by me. I g the appointment. |

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