GOVERNMENT MEDICAL COLLEGE, RATLAM

Gram Banjali, Sailan Road, Ratlam – 457001 (M.P.)
email:-deanratlam@gmail.com. prof-gmcratlam@mp.gov.in Phone No:- 07412284226
Web.Site:-www.gmcratlam.org

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.

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

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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)

	Name of the	Year of	Class /	Detail	of Marks	Subject(s) taker
T - A	Education Board/	passing	Division	Total	Obtained	
		-				
			-			
					-m-	

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			. Berther with	Nature of
Name of employer	Date of joining	Date of leaving	Designation	Last Salary drawn (in Rs.)	employment
	-				
		-			

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Awards & Scholarships (if any)	
Research Experiences Break-up of total experience -	: Total experience (in years)
(ii) (iii) (iii)	
Details of postgraduate work and published [Give titles of the paper published and attack sheet of paper and attach it with this application.]	hed papers: h reprints (if space below is insufficient, give full particulars on a ation, inserting here a reference to the sheet)].
DI	ECLARATION
I hereby declare that all entries ma herewith are true to the best of my knowle	de in this form and additional sheets (if any) furnished dge and belief.
Date: Place: Enclosures: Attested copies of all certific	(Signature of the Candidate)

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