Tel.: 01639-251111, 253111, <u>E-mail:Pr_ggsmc@yahoo.com</u> Fax: 01639-251070

GURU GOBIND SINGH MEDICAL COLLEGE & HOSPITAL, FARIDKOT.

Sadiq Road Faridkot – 151203 (Pb) India
Application form for the post of _____

Details of Applica					Affix Attested	i	
					Passport size Photograph		
Note: 1. Inco	mplete a	pplications	s are liable to be re	ejected.			
1. Applicat	ion for th	ne post of		in (Subject/Spec	ialty)		
2. Applican	ıt's Nam	e (IN BLOC	CK LETTERS)	(Зибјеси Брес	idity)		
3. Father's Name (IN BLOCK LETTERS)							
4. i) Date of Birth of Applicant DAY MONTH YEAR							
		last date for application)		YEARS	MONTHS D	AYS	
			E category out of SO proof if SC/ST/OB				
6. National	ity:	7.	Religion	8. Marital Sta	itus;		
7. Educatio	nal/Acad	lemic Quali	fication: (attach atte	ested copies certific	ates)		
Examination Passed	Subjec	ets	Year of passing	No. of attempts	University/Institution	Status of MCI recognition (attach proof)	
8. Experie		ny:-					
Name of Institution			From Perio		d To		
09. Permanent A	ddress						
Pin Code							
Ph. No. E. Mail							

Details of enclosures documents:-	
1	
2	
3	_
4	_
5	
6	
I hereby declare that I am Indian National and all states complete and correct to the best of my knowledge and belief information being found false or incorrect, my appointment we reason or prior notice. I also understand that in case of my provisional subject to satisfactory police verification.	ef. I understand that in the even of any ill be liable to be terminated without any
Date:	
Place:	
	Signature of the applicant