

Form No.

Date:- / /2024

GOVERNMENT MEDICAL COLLEGE, AMBERNATH

Recent
Photograph

**To,
The Dean,
Government Medical College,
Ambernath.**

1. Application for the Post of -----
2. Name in full (In Block Letters) : -----
3. Postal Address: -----
4. Mobile No: -----
5. Email: -----
6. Date of Birth: -----/-----/-----
7. Age: -----
8. Caste Category: -----
9. Date of Internship completion: -----/-----/-----
10. Bonded/ Non Bonded :- -----
11. Registration No: -----
12. Subject Preferences: 1) -----
2) -----
3) -----

Qualification	Year of Passing	Name of College	University	M.M.C./M.C.I. Registration with date
1. U.G.				
2. P.G. (Degree/Diploma)				
3. Other				

13. Total marks in applied subject: - 1) ----- 2) -----
3) ----- 4) -----

14. Aggregate Marks obtained in final M.B.B.S.(out of) -----/-----
 15. Aggregate Marks obtained in PG degree /diploma (out of) -----/-----
 16. Attempt (U.G.) 1st M.B.B.B.S: -----
 2ndM.B.B.B.S: -----
 3rd M.B.B.B.S: Part -1: -----
 3rd M.B.B.B.S: Part-2: -----
 17. P.G. (Degree / Diploma) -----

EXPERIENCE :-

Sr. No.	Post	Subject	Period	Name of Institute

DECLARATION

The information furnished in this application form is complete and correct to the best of my knowledge and any proof contrary to this will make me liable for necessary disciplinary action.

Place:- Ambernath.

Date:- / /2024

Signature of Applicant

List of attached certificates:-

- 1) DOB certificate / S.S.C. School Leaving certificate
- 2) Marks sheets of 1st, 2nd & 3rd yr MBBS (All Pass/Fails Mark sheets) & P.G. Course
- 3) Degree / Diploma Certificate
- 4) Attempts Certificates
- 5) M.M.C. / M.C.I. Registration
- 6) Additional Qualification Certificate
- 7) Caste certificate /Validity Certificate
- 8) Post experience certificate please attach date wise
- 9) Non-Creamy layer Certificate

Remarks of Scrutiny Committee: - -----