

OFFICE OF THE PRINCIPAL
INDIRA GAHANDHI MEDICAL COLLEGE
SHIMLA, HIMACHLA PRADESH-171001
PH. 0177-2883212, 01772883204
Website:-www.igmcshimla.edu.in

Sr. No. _____ Dairy No. _____ Date: _____

Advt. No. _____ Date: _____

1. POST APPLIED FOR: _____
2. NAME (IN BLOCK LETTER) : _____
3. FATHER'S/ HUSBAND NAME _____
4. PRESENT POSTAL ADDRESS _____

5. MOB. NO. 1. _____ 2. _____

6. EMAIL ID: _____

7. PERMANENT HOME ADDRESS: _____

8. A) NATIONALITY: _____ B) GENDER _____
C) CATEGORY: _____ D) MARITAL STATUS _____

9. DATE OF BIRTH: _____ / _____ / _____.

10. EDUCATIONAL QUALIFICATION:

S. NO.	EXAMINATION PASS	BOARD / UNIVERSITY	TOTAL MARKS	MARKS OBTAINED	PERCENTAGE
1.	MATRIC				
2.	10+2				
3.					
4.					
5.					

11. EXPERINCE:

SR NO.	DEPARTMENT NAME	DESIGNATION	PERIOD		TOTAL EXPERINCE
			FROM	TO	
1.					
2.					
3.					
4.					
5.					

12. LIST OF THE CERTIFICATES AND TESTIMONALS (PLEASE ATTACH THE ATTESTED COPIES)

- | | |
|-------------|--------------|
| (I) _____ | (V) _____ |
| (II) _____ | (VI) _____ |
| (III) _____ | (VII) _____ |
| (IV) _____ | (VIII) _____ |

CERTIFICATE:

I hereby declare that I have carefully gone through the instruction and the contents of above application are true and correct to the best of my ability knowledge, understanding and belief. I understand that in the event of any information being found false or incorrect, my candidature would be liable to be cancelled and I shall be liable for legal action in accordance with law.

Place:

Date:

(Signature of Applicant)

FOR OFFICE USE ONLY				
The above Candidate is Eligible or not Eligible due to _____				
Signature	Signature	Signature	Signature	Signature