

Appendix - 'A'

Application Form for the post of Sr. Residents/Tutor Specialist in Government Medical Colleges of the State, Indira Gandhi Medical College, Shimla, Dr. R.P. Govt. Medical College, Kangra at Tanda, Dr. Yashwant Singh Parmar Govt. Medical College, Nahan, Sh. Lal Bahadur Shastri Govt. Medical College, Mandi, Ner Chowk, Pt. Jawahar Lal Nehru Govt. Medical College, Chamba and Dr. Radhakrishnan Govt. Medical College, Hamirpur

Name of speciality applied for \_\_\_\_\_

Please paste self attested passport size photograph here.

1. Name of Candidate in capital letters: \_\_\_\_\_

2. Father's/Husband Name: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Educational Qualifications (Professional): \_\_\_\_\_

5. Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_

6. Correspondence address (if different, from permanent address): \_\_\_\_\_

\_\_\_\_\_ Contact Number \_\_\_\_\_

e-mail-ID \_\_\_\_\_

7. (a) Category (for direct candidates only): General/SC/ST/OBC etc.: \_\_\_\_\_

(b) Fee Receipt No. & Date alongwith scanned/photocopy \_\_\_\_\_

8. Whether the candidate is in-service GDO/Adhoc/Contract/RKS appointees: \_\_\_\_\_

9. Date on which candidate was declared pass (in MD/MS/BNB examination) by the concerned University/Board/Institution etc. \_\_\_\_\_

10. Details of Service after (for GDOs only) after acquiring post-graduation degree/diploma:

(a) Adhoc/Contract/RKS basis: from \_\_\_\_\_ to \_\_\_\_\_

(b) Regular basis: from \_\_\_\_\_ to \_\_\_\_\_

11. Detail of institutions served after acquiring post-graduation degree/diploma

(a) Name of Institution: From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

(Contd..page-2/..)

b.) Whether completed mandatory one year of field posting after post-graduation degree/diploma? Yes/No \_\_\_\_\_

12. Whether the candidate has worked as Junior Resident/Senior Resident/Resident Doctor/Tutor in any Medical College of Himachal Pradesh in the past. If yes, details thereof:

(a) Name of Medical College where served: \_\_\_\_\_

(b) Name of Specialty/Department: \_\_\_\_\_

Period from \_\_\_\_\_ to \_\_\_\_\_

(c) Teaching experience acquired previously, if any, (Details thereof) \_\_\_\_\_

13. Details of certificates attached with application:

(i) \_\_\_\_\_ (ii) \_\_\_\_\_

(iii) \_\_\_\_\_ (iv) \_\_\_\_\_

(v) \_\_\_\_\_ (vi) \_\_\_\_\_

14. (a) Details of marks obtained in MBBS degree:

Sr. No.	Exams	Maximum Marks	Marks Obtained
1	First Professional		
2	Second Professional		
3	Final Professional		
	<b>Total Marks</b>		

Marks out of 30 = (Marks obtained in all Prof. /Total marks of all Prof X 30) \_\_\_\_\_

Details of marks obtained MD/MS/DNB/any other examination (as applicable):

\_\_\_\_\_

(b) Details of obtained in MD/MS/DNB degree:-

Sr.No.	Exams.	Maximum marks	Marks obtained

Marks out of 40 = (Marks obtained in MD/MS/DNB/Ph.D /Total marks of MD/MS/DNB/Ph.D X 40)

\_\_\_\_\_

Paper Publications (include only indexed journals and papers as first/corresponding author):

\_\_\_\_\_

(Attach detail separately with a copy of each paper).

15. Preference for Different Medical Colleges (subject to availability of vacancies):

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

(iv) \_\_\_\_\_

(v) \_\_\_\_\_

(vi) \_\_\_\_\_

**UNDERTAKING**

I, hereby, declare that, the entries made by me in the Application Form are complete and true to the best of my knowledge and based on records and nothing has been concealed or misstated therein. I, hereby, undertake to present the original documents on the designated date of personal appearance. I shall be solely responsible for any wrong information supplied by me. I shall abide by the relevant policy/instructions/notifications regarding the appointment.

Name & Signature of the applicant

Dated : \_\_\_\_\_

Place : \_\_\_\_\_