G.S.V.M. Medical College Kanpur



APPLICATION FOR THE POST OF NON PG JUNIOR RESIDENT/DEMONSTRATOR

(Min. Qualification- MBBS/MSC- Medical Biochem./Micro/Ana./SPM)

DEPARTME	ENT (ONE OR MULTIPLE)		
			PASTE RECENT
L NAME OF APPLICANT.			PHOTOGRAPH OF
			APPLICANT
1- ADDRESS FOR CORRE	SPONDANCE		
PHONE MOBILE NO	OF APPLICANT ONLY		
3-CATEGORY OF APPLIC	CANT GEN/ OBC/SC/ST/EWS	L	Access to the contract of the
ILLE WORKED AS NON F	PG IR/DEMONSTRATOR IN GSVM, THAN	MENTION THE DURATION & Department	Name on following format -
S.No. Department Name Duration Period			
	•	and the second s	and the same and t
			and the state of t
			management of the same and the
	i while passing MBBS/MSC (Mention cle		
8 - TOTAL PERCENTAGE	E OF MBBS/ MSC	AND STREET	
9- A- NAME OF INSTIT	TUTION FROM WHERE MIBBS/MISC COM	IPLETED.	
10- PERMANENT REGI	STRATION No & REGISTRATION STATE		***************************************
1 - WHETHER DISCIPI	LINARY ACTION HAS BEEN TAKEN IF Y	ES GIVE DETAILS	
12 ADDITIONAL INFO	DRAIATION IF ANY		
	<u> </u>	ECLARATION	
NOTIONAL THERE TO NECESSATION FURNISHED NURTH TO FOREGO MY AP	D SUBMITTED BY ME ARE TRUE AND CORRECT THERE IS FRADULANT, INCORRECT OR UNTRU POINTMENT IN THE COLLEGE FURTHER THAT	TT MADE AND INFORMATION FURNISHED BY ME I THAVE NOT KEPT ANY INFORMATION SECRET S JE IN MATERIAL PARTICULARS, I REALISE THAT I A THE SELECTION IS LIABLE TO BE CANCELLED. II MY TENURE/SERVICES WILL AUTOMATICALLY CAN & CONDITIONS ARE ACCEPTABLE TO ME AND I WI	IN LIABLE TO PROSECUTION AND LAL FIN FUTURE ANY CANDIDATE SELECT CELLED 4 HAVE READ ALL THE TERMS
DATE		SIGNATURE OF A	PPLICANT
NOTE: L. ATTACHED ATTH GIVING FALSE ST ANY TYPE OF CO	ESTED COPIES OF MARK SHEET, CERTIFICATE TO	TION WILL NOT BE ENTERTAINED AND CANDIDAT	E MAY BE DISQUALIFIED FOR THE ACT
		SIGNATRE OF	APPLICANT