

AUTONOMOUS STATE MEDICAL COLLEGE SOCIETY, DEORIA

Application For the Post of Tuter/Demonstrator/Senior Resident/Junior Resident

Note- All information must be completed by the applicant.

- 1- Name of Department.....
- 2- Name of Applicant(Block Letter).....
- 3- Sex(Male/Female).....
- 4- Father/husband's Name(including Surname).....
- 5- Present Address of Residence(Including PIN Code).....
.....
Mobile-----Emall id-----
- 6- Permanent address.....
.....Mobile-----Emallid-----
- 7- Aadhar Number.....
- 8- Date of Birth(enclose high school mark sheet)-----as on 1/7/2020-----
- 9- Category: Unreserved/SC/ST/OBC/EWS/Disabled.....
(Attach photocopy of certificate issued by competent authority for reserved category)
- 10- Registration Number and Name of the Medical Council and date-----
 - a- MBBS/BDS-----
 - b- Other -----
- 11- Educational Qualification: (Enclose attested photo copies of certificate and marks sheets)

No	Name of the Examination	Institution/ Board/Univ ersity	Year of Passing	Subje ct	MarksObtaine d/Max Marks	Total marks	No. of attempts	Work and conduct
1	MBBS/BDS							
2	MD/MS/MDS							
3	OTHER QUALIFICATION							

12-a) Present Employment post held since(if any):-----

b) If yes, Address of the present employer-----

13- Inquiry to any or disciplinary action pending/taken during the study period at the medical college.

Note: Enclosed document in support of information given on S.I No. 7,8,9,10,11 and 12

DECLARATION BY THE CANDIDATE

I have declared that the above information is true, complete and correct to the best of my knowledge and belief. I have not supported any material, facts of factual information. I have never been debarred from appearing at any examination. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancies in the particulars being detected and after my appointment in such an event. My services are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation. If at any stage of my selection, my ineligibility for candidature is cancelled as a result thereof.

No of Enclosure:

place:

Date:

(Full name and Signature of the Candidate)