## GOVERNMENT OF GOA GOA MEDICAL COLLEGE BAMBOLIM-GOA.

## **APPLICATION FORM**

To

Affix Passport Size Photo

(Signature across Photo)

The Dean Deans Office Goa Medical College, Bambolim Goa Sir,

| With reference to your Office advertisement No |                        |                  |                    |       |          |            |    |   |                   |  |            |          |   |
|--|------------------------|------------------|--------------------|-------|----------|------------|----|---|-------------------|--|------------|----------|---|
| dated published in local news paper            |                        |                  |                    |       |          |            |    |   |                   |  |            |          |   |
| dated  | I                      | here             | by apply fo        | r the | post     | t of:-     |    |   |                   |  |            |          |   |
| Name o   | of the post            | :                |                    |       |          |            |    |   |                   |  |            |          | _ |
| FULL 1   | VAME                   |                  |                    |       |          |            |    |   |                   |  |            |          |   |
| (In Capi                                       | tal)                   | :                |                    |       |          |            |    |   |                   |  |            |          |   |
| Address  | 8                      |                  |                    |       |          |            |    |   |                   |  |            |          |   |
|  |                        | :                |                    |       |          |            |    |   |                   |  |            |          |   |
| Nationa  | <br>llity              | :                |                    |       |          |            |    |   |                   |  |            |          |   |
|  |                        |                  |                    |       |          |            |    |   |                   |  |            |          |   |
| Contact No.                                    |                        | :                |                    |       |          |            |    |   |                   |  |            |          |   |
| Date of Birth                                  |                        |                  | Date of Birt       | h     |          | /          |    |   | /                 |  |            |          |   |
| and age  | as on                  | :                |                    |       |          |            |    |   |                   |  |            |          |   |
| date of  | ,                      |                  | Age                |       |          |            |    |   |                   |  |            |          |   |
| Adverti  |                        |                  |                    | 1     |          |            |    |   | <b>N</b> 1.       |  |            |          |   |
| Category (Tick(✓) whichever applicable)        |                        | :                | General            | OBO   |          | SC         | ST |   | Phy. Disabled Ex- |  | Serviceman |          |   |
|  |                        |                  |                    |       | +        |            |    |   |                   |  |            |          |   |
|  |                        |                  |                    |       | $\perp$  |            |    |   |                   |  |            |          |   |
| Marital  |                        |                  | Married U          |       |          | Un-Married |    |   | Widow             |  | Divorcee   |          |   |
| (Tick(✓) whichever                             |                        | :                |                    |       | 1        |            |    |   |                   |  |            |          |   |
| applicabl                                      | .e)                    |                  |                    |       | <u> </u> |            |    |   |                   |  |            |          |   |
| Educati  | onal Quali             | ficati           | on                 |       |          |            |    |   |                   |  |            | <u> </u> |   |
| Sr.No.   | Standard/<br>Course    |                  | Name of the        |       |          | Marks      |    |   | Out of total      |  | % of marks |          |   |
|  |                        |                  | Board / University |       |          | obtained   |    | 1 | Marks             |  |            |          |   |
|  |                        |                  |                    |       |          |            |    |   |                   |  |            |          |   |
|  |                        |                  |                    |       |          |            |    |   |                   |  |            |          |   |
|  |                        |                  |                    |       |          |            |    |   |                   |  |            |          |   |
|  |                        |                  |                    |       |          |            |    |   |                   |  |            |          |   |
|  |                        | Extra Curriculum |                    |       |          |            |    |   | 1                 |  |            |          |   |
| Extra C  | urriculum              |                  |                    |       |          |            |    |   |                   |  |            |          |   |
|  | urriculum<br>es/Sports |                  |                    |       |          |            |    |   |                   |  |            |          |   |
|  |                        | :                |                    |       |          |            |    |   |                   |  |            |          |   |

| Experience in a  |   |  |                        |  |  |  |  |  |
|--|---|--|------------------------|--|--|--|--|--|
| line.  |   |  |                        |  |  |  |  |  |
| ( with self  |   |  |                        |  |  |  |  |  |
| attested enclosure.)   | •   |  |                        |  |  |  |  |  |
| ,  |   |  |                        |  |  |  |  |  |
| Details of Enclosure (All copies of the ce applicable.   |   | mitted attes/ documents should be self attested). Tick $\{\checkmark\}$ whic | hever is               |  |  |  |  |  |
| 1. Valid Employr   | nent  | registration Card  |                        |  |  |  |  |  |
| 2. Valid 15 years  | Resi  | dence in Goa (issued by Competent Authority)                                 |                        |  |  |  |  |  |
| 3. Birth Certificat  | 3. Birth Certificate or other document indicating date of birth |  |                        |  |  |  |  |  |
| 4. Caste Certifica   | te iss  | ued by competent Authority   |                        |  |  |  |  |  |
| <ul><li>5. Civil Registration / Divergence certificate Incase of change in name.</li><li>6. Educational Certificates</li></ul> |   |  |                        |  |  |  |  |  |
| 7. Additional Qua  | 7. Additional Qualification                                     |  |                        |  |  |  |  |  |
| 8. Extra Curriculu   | ım/ S   | Sports /NSS/NCC certificates   |                        |  |  |  |  |  |
| 9. Copy of Certificate(s), certifying work experience issued by the  |   |  |                        |  |  |  |  |  |
| Employer on his letter head.   |   |  |                        |  |  |  |  |  |
|  |   | <u>Declaration</u>   |                        |  |  |  |  |  |
| Ι  |   | , resident of Goa for last 15 y  | ears, hereby           |  |  |  |  |  |
| declare that all th  | e sta   | tements made in this application are true and co                             | orrect to the          |  |  |  |  |  |
| best of my know  | ledge   | and belief. I understand that in the event of p                              | articulars or          |  |  |  |  |  |
| information given  | here  | ein being found false or incorrect, my candidat                              | ture for the           |  |  |  |  |  |
| recruitment is lia   | ble t   | o be rejected or cancelled even after selection.                             |                        |  |  |  |  |  |
| I understa<br>delays/wrong a   |   | nat this Institution shall not be responsible for possesses etc.             | tal                    |  |  |  |  |  |
|  |   |  |                        |  |  |  |  |  |
| Place:   |   | Signature of the   | ne Applicant           |  |  |  |  |  |
| Date:  |   | Signature of the   | io rippiicant          |  |  |  |  |  |
|  |   | Name(in block  | Name(in block letters) |  |  |  |  |  |