

JHALAWAR MEDICAL COLLEGE AND ATTECHED GROUP OF HOSPITAL, JHALAWAR

Application form for the post of

Name :

Father's Name/Husband Name :

Age & Date of Birth :

Category : GEN/OBC/ST/SC..... Cast:

Address (Postal) :

Photo Affix

Permanent:

Contact No. Email id :

Rajasthan Medical Council Registration with renewal date :

Qualification (s):-

Degree	Year of Passing	College & University		Mark / Out of	Percentage	Attenmpt
			I MBBS			
			II MBBS			
			III MBBS-I			
			III MBBS-II			
			Average percentage			

Previous appointments:

Date Of relieving/resign from last institute:

Date of appearing in last inspection:

Total experience (if any):

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Signature of the Candidate
with date

Atteched Photocopy:-

1. Photocopy OF Marksheet of MBBS.
2. Intern Completion Certificate (ICC)
3. Attepmt Certificate (UG &PG)
4. Photocopy of Degree(s), Certificate(s).
5. Medical Council Registration certificate.
6. Experience Certificates (If any).
7. Research publications (if any).
8. Age proof (Secondary Marksheet)