(Annexure-A) GOVERNMENT MEDICAL COLLEGE & ASSOCIATED HOSPITALS, SRINAGAR (www.gmcs.edu.in)

Form Serial No (Official Use) Receipt Date: 1. Advertisement Notice No. 02-AHS OF 2018 Dated: 07-02-2018.								
2.	Name of the Applicant:						PASTE RECENT	
	Male Female (√) Age as on 01-01-2018: YM D							
	Father's Name:							
	Mother's Name: PHOTOGR. DULY SE							
	DOB as in Matriculation Certificate: ATTESTED							
7.		Permanent Address: House No./Ward No./Street/Mohalla/Village:						
	Post Office: Tehsil:							
	District: PIN Code:							
8.	Contact No Email:							
9.	Postal	address	(If	different	from I	Permanent	Address):	
10.	Name &	Address	of the	Husband of	female car	ndidates ,	if married:	
11.	Are you a	permanen	t resident of	J&K State	(Yes/No)		
12.	2. Category: Aadhaar Number(12 Digit):							
				Amou				
14.	Academic	. Qualificat	ion:					
as		Year of Passing				Maximum Marks	Percentage (%)	
12t	h (10+2)							
Sel	lf Declarat		the informa	ation provided	l in the appli	cation is true	and correct	
	 I hereby declare that the information provided in the application is true and correct to the best of my knowledge & belief. I undertake that my candidature shall be liable to cancellation in case of miss representation of facts and concealment of information by the undersigned. 							
Do	Enclosures: Dated: Signature of the comments Enclosed:						Candidate	
I) II) III)	DOB (Matriculation certificate) Permanent Resident Certificate. IV) 10 th and 10+2 (if any) Marks Sheet. V) Category certificate, if any.							