OF FICE OF THE PRINCIPAL INDIRA GAHANDHI MEDICAL COLLEGE SHIMLA, HIMACHLA PRADESH-171001

PH. 0177-2883212, 01772883204 Web ite:-www.igmcshimla.edu.in

Sr. No	Dairy No		Date:
Advt. No.			Date:
I. POST	APPLIED FOR:	r	
2. NAMI	E (IN BLOCK LETTER) :		
3. FATH	ER'S/ HUSBAND NAME		
4. PRESI	ENT POSTAL ADDRESS		
5. MOB.	NO. 1		2
6. EMAI	L ID:		
7. PERM	ANENT HOME ADDRESS:		
8. A) NA	TIONALITY:		B) GENDER
C) CA	TEGORY:		D) MARITAL STATUS
9. DATI	E OF BIRTH:/	_/	
10. <u>EDU</u>	CATIONAL QUALIFICAT	ION:	

S. NO.	EXAMINATION PASS	BOARD / UNIVERSITY	TOTAL MARKS	MARKS OBTAINED	PERCENTAGE
1.	MATRIC				
2.	10+2				
3.	3				
4.		· ·			
5.					

11. EXPERINCE:

DEPARTMENT DESIGNATION		PERI	OD	TOTAL
NAME	AME	FROM	то	EXPERINCE
	DEPARTMENT NAME	NAME	NAME FROM	NAME FROM TO

3.				
4.				
5.				
J.				
(I)	ERTIFICATES AND	(VI)		CH THE ATTESTED
V)		(VIII)	
	I hereby dec are	that I have carefully	gone throug	gh the instruction a
e contents of about derstanding and be correct, my candid	belief. I understand to dature would be liab	that I have carefully true and correct to that in the event of an ole to be cancelled an	he best of m	ny ability knowledg
ne contents of about aderstanding and be correct, my candid accordance with I	belief. I understand to dature would be liab	true and correct to that in the event of an	he best of m	ny ability knowledg
e contents of about the correct, my candid accordance with I ace:	belief. I understand to dature would be liab	true and correct to that in the event of an	he best of m y information d I shall be	ny ability knowledg
nderstanding and t	beelief. I understand the dature would be liable.	true and correct to that in the event of an	he best of m y information d I shall be	ny ability knowledg n being found false liable for legal acti