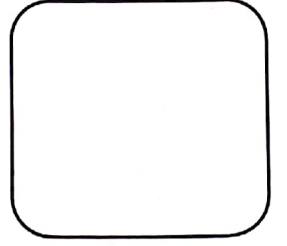


Form No-----

Date- / /2025

GOVERNMENT MEDICAL COLLEGE, JALNA



To,
The Dean,
Government Medical College,
Jalna.

1. Application for the post of:- -----
2. Name in full (In Capital Letter):- -----
3. Postal Address : - -----
4. Mobile No :- - -----
5. Email Id : - -----
6. Date of Birth:- -----/-----/-----
7. Age : - -----
8. Caste Category : - -----
9. Date of Internship Completion :- -----/-----/-----
10. Bonded / Non Bonded: - -----
11. Registration No: - -----
12. Subject Preference: -
 1. -----
 2. -----
 3. -----

Sr. No.	Qualification	Year of Passing	Name of College	University	M.M.C./M.C.I Registration with date
01	U.G.				
02	P.G. (Degree/Diploma)				
03	Other				

13.Total Marks in applied Subject : - 1. -----2. -----
3.-----4. -----

14.Aggregate Marks obtained in final M.B.B.S. (Out of)- -----/-----

15.Aggregate Marks obtained in P.G. degreed/diploma (out of) -----/-----

16.Attempt (U.G.)

1. 1st Year M.B.B.S. -----

2. 2nd Year M.B.B.S. -----

3. 3rd Year M.B.B.S. -----

4. 4th Year M.B.B.S. -----

17.P.G. (Degree / Diploma)

18. EXPERIENCE: -

Sr.No.	Post	Subject	Period	Name of Institute

DECLARATION

The information furnished in this application form is complete and correct to the best of my knowledge and any proof contrary to this will make me liable for necessary disciplinary action.

Place: -- -----

Date :- -----/-----/2025

Signature of Applicant

List of Attached Certificates: -

1. DOB certificate / S.S.C. School Leaving Certificate.
2. Marks sheets of 1st to 4th Year M.B.B.S. (All Pass / Fail Mark sheets) & P.G. Course.
3. Degree/Diploma Certificate.
4. Attempts Certificates.
5. M.M.C./M.C.I. Registration (Renewal)
6. Additional Qualification Certificate.
7. Caste Certificate / Cast Validity Certificate.
8. Post Experience Certificate please attach date wise.
9. Non -Creamy layer Certificate.
- 10.Domicile Certificate.
- 11.Basic Course in Biomedical Research Certificate.
- 12.Revised Basic Course In MET Certificate.

Remarks of Scrutiny Committee - -----