

GOVERNMENT UNANI MEDICAL COLLEGE GANDERBAL KASHMIR

Application for engagement

Advertisement Notice No Dated.....

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For Office Use

S.no: Dated:

(Write In Block Letters)

1. Post Applied For: Department/Section

2. Name of the Candidate:

S/o, D/o, W/o:

R/o: Tehsil:

District:..... Pin Code: Cell No:..... Email ID:

3. Present Postal Address:

4. Date of Birth (Day/Month/Year):/...../..... Age in years Days/Months/Years:

5. Details of Academic Qualification:

S.No	Examination	University/College	Max. Marks	Marks Obtained	% of Marks

6. Details of Documents attached:

Name of the Document	Yes/No	Name of the Document	Yes/No
Date of Birth		Degree Certificate	
10 th Marks sheet		Bank Draft	
12 th Qualification /Marks sheet		Affidavit	
Diploma Certificate		Domicile certificate	
Registration Certificate			

7. Any additional documents :

a. b.
c. d.

8. Number of Research publications if any (attach photocopies)

Note: Please staple one (01) Extra colored Photograph to the application form.

Declaration: I hereby declare that the statement in this application is true to the best of my knowledge & belief. I understand that any willful misrepresentation of facts and concealment of information shall result the cancellation of my candidature at any point of time.

Signature of the Candidate

Govt. Unani Medical College & Hospital, Ganderbal Kashmir

Admit Card

Post applied for

Name of Candidate:

Parentage:

Gender

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Centre of Examination:

RollNo:.....

Reporting Time & date	Scheduled Time	Duration	Signature of Candidate in Exam Room	Name & signature of Invigilator

Note: Please bring one (01) Extra colored Photograph to be pasted on the attendance sheet.

Authorized Signatory