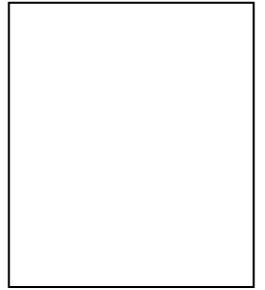




GOVERNMENT OF GOA
GOA MEDICAL COLLEGE
BAMBOLIM-GOA.

APPLICATION FORM



Name of the post applied for	
Applicants Name (First)	
(middle)	
(surname)	

Date of Birth			/			/				
Age as on date of Advertisement dtd __/__/__			Y			M			D	
Category Tick whichever (✓) applicable		General			ST			OBC		SC
		PD			Ex-Serviceman					
Marital Status Tick whichever (✓) applicable		Married			Un-Married					
		Widow			Divorcee					

Landline No.	0	8	3	2	-																
Mobile Number	+91																				
Nationality																					

Postal Address for Communication (fill in Block Letters):

House No./ Flat No.	
Ward No. / Wada Name	
House / Building / Street / Road Name.	
Nearest Landmark	
Village / Town /City	
Taluka	
District - State	
Pin-code	

Educational Qualification:

Sr.No	Standard / Course	Board / University	Percentage obtained

Extra Curriculum Activities/Sport (State level or national level)	1)
	2)
	3)
	4)
	5)

Work Experience in the line: (Experience certificate must)

Sr.No	Details

Enclosures: (Self attested copies):

1	Valid Employment Card.
2	15 years Residence Certificate.
3	Birth Certificate.
4	Caste Certificate issued by the Competent Authority.
5	Leaving Certificate.
6	SSC Mark-Sheet.
7	HSSC Mark-Sheet.
8	Graduation Mark-Sheet and passing Certificate.
9	Additional Qualification (if any).
10	Extra Curriculum / Sports (Merit) certificates.
11	Experience Certificate.

Declaration

I _____, resident of Goa for last 15 years and I hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief. I understand that in the event of particulars or information given herein being found false or incorrect, my candidature for the recruitment is liable to be rejected or cancelled even after selection.

I understand that this Institution shall not be responsible for postal delays/wrong addresses etc.

Place:

(Signature of the candidate)

Date:

Name: _____

Sd/-
D E A N
GOA MEDICAL COLLEGE
BAMBOLIM – GOA

Date: / /2016.