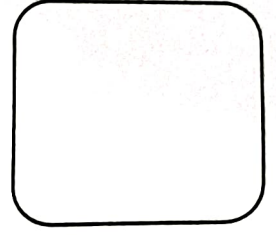


Form No-----

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

14. Aggregate Marks obtained in P.G. degeed/diploma (out of) -----/-----

15. Attempt (U.G.)

1. 1<sup>st</sup> Year M.B.B.S. -----
2. 2<sup>nd</sup> Year M.B.B.S. -----
3. 3<sup>rd</sup> Year M.B.B.S. -----
4. 4<sup>th</sup> Year M.B.B.S. -----

16. P.G. (Degree / Diploma)

17. EXPERIENCE: -

• RESEARCH PAPER DETAILS

Sr.No.	Research Paper	National Publish Year	International Publish Year	First / Second Correspondence	Indexing

• TEACHING EXPERIECNCE

Sr.No.	Post Name	Name of the University/Institute	From Date	To Date	Period in Year	Period in Month

## DECLARATION

The information furnished in this application form is complete and correct the best of my knowledge an 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 1<sup>st</sup> to 4<sup>th</sup> 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 Medical Education Technology Certificate.
13. Publication.

Remarks of Scrutiny Committee - -----