



GOVERNMENT OF GOA  
GOA MEDICAL COLLEGE  
BAMBOLIM-GOA.

APPLICATION FORM

To  
The Dean  
Office of the Dean,  
Goa Medical College,  
Bambolim Goa

|                              |
|------------------------------|
| Affix Passport Size<br>Photo |
| (Signature across<br>Photo)  |

Sir,

With reference to your Office advertisement No. \_\_\_\_\_  
dated \_\_\_\_\_ published in local news paper \_\_\_\_\_  
dated \_\_\_\_\_. I hereby apply for the post of:-

Name of the post : \_\_\_\_\_

|  |   |               |     |    |    |                  |              |        |  |  |  |  |
|--|---|---------------|-----|----|----|------------------|--------------|--------|--|--|--|--|
| FULL NAME<br>(In Capital)                                  | : |               |     |    |    |                  |              |        |  |  |  |  |
| Correspondence<br>Address with Pin<br>Code                 | : |               |     |    |    |                  |              |        |  |  |  |  |
| Contact No.  | : |               |     |    |    |                  |              |        |  |  |  |  |
| Date of Birth<br>and age as on<br>date of<br>Advertisement | : | Date of Birth |     |    | /  |                  |              | /      |  |  |  |  |
|  | : | Age           |     |    |    |                  |              |        |  |  |  |  |
| Category<br>(Tick(✓) whichever<br>applicable)              | : | General       | OBC | SC | ST | Phy.<br>Disabled | Ex.-<br>Ser. | C.F.F. |  |  |  |  |
|  |   |               |     |    |    |                  |              |        |  |  |  |  |

**Educational Qualification**

| Sr.No. | Standard/<br>Course | Name of the<br>Board / University | Marks<br>obtained | Out of total<br>Marks | % of marks |
|--------|---------------------|-----------------------------------|-------------------|-----------------------|------------|
|        |                     |                                   |                   |                       |            |
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|        |                     |                                   |                   |                       |            |

|  |   |  |
|--|---|--|
| Experience in a line.<br>(with self attested enclosure.) | : |  |
|  |   |  |
|  |   |  |
|  |   |  |

Details of Enclosures submitted

(All copies of the certificates/ documents should be self attested). Tick {✓} whichever is applicable.

- |  |                          |
|--|--------------------------|
| 1. Valid Employment registration Card  | <input type="checkbox"/> |
| 2. Valid 15 years Residence in Goa (issued by Competent Authority)                               | <input type="checkbox"/> |
| 3. Birth Certificate or other document indicating date of birth                                  | <input type="checkbox"/> |
| 4. Caste Certificate issued by competent Authority   | <input type="checkbox"/> |
| 5. Civil Registration / Divergence certificate in case of change in name.                        | <input type="checkbox"/> |
| 6. Educational Certificates  | <input type="checkbox"/> |
| 7. Additional Qualification  | <input type="checkbox"/> |
| 8. Copy of Certificate(s), certifying work experience issued by the Employer on his letter head. | <input type="checkbox"/> |

Declaration

I \_\_\_\_\_, resident of Goa for last 15 years, 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 Applicant

Date:

\_\_\_\_\_  
Name(in block letters)