

GOVERNMENT OF GOA
GOA MEDICAL COLLEGE
BAMBOLIM-GOA.

APPLICATION FORM

To
The Dean
Office Of The Dean
Goa Medical College,
Bambolim Goa

Sir,

Affix Passport Size Photo
(Signature across Photo)

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 (In Capital)	:													
Address	:													
Nationality	:													
Contact No.	:													
Date of Birth and age as on date of Advertisement	:	Date of Birth			/			/						
		Age												
Category (Tick(✓) whichever applicable)	:	General	OBC	SC	ST	Phy. Disabled	Ex- Serviceman							
Marital Status (Tick(✓) whichever applicable)	:	Married			Un-Married			Widow			Divorcee			
Educational Qualification														
Sr.No.	Standard/ Course	Name of the Board / University	Marks obtained	Out of total Marks	% of marks									
Extra Curriculum Activities/Sports	:													

Experience in a line. (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 Incase of change in name. | <input type="checkbox"/> |
| 6. Educational Certificates | <input type="checkbox"/> |
| 7. Additional Qualification | <input type="checkbox"/> |
| 8. Extra Curriculum/ Sports /NSS/NCC certificates | <input type="checkbox"/> |
| 9. 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)

