



GOVERNMENT OF GOA  
GOA MEDICAL COLLEGE  
BAMBOLIM-GOA.

APPLICATION FORM

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

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 : \_\_\_\_\_

Affix Passport Size Photo
(Signature across Photo)

FULL NAME (In Capital)	:										
Address	:										
	:										
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				
	:										
Educational Qualification											
Sr.No.	Standard/ Course	Name of the Board / University	Marks obtained	Out of total Marks	% of marks						

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.

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1. Valid 15 years Residence in Goa (issued by Competent Authority)
  2. Birth Certificate or other document indicating date of birth
  3. Caste Certificate issued by competent Authority
  4. Educational Certificates
  5. Additional Qualification
  6. Copy of Certificate(s), certifying work experience issued by the Employer on his letter head.

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:

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Name(in block letters)