OFFICE OF THE PRINCIPAL, S.N.MEDICAL COLLEGE, AGRA

APPLICATION FOR THE POST OF SENIOR RESIDENT IN TRAUMA CENTRE

Name of Department----------

1. (a) Full Nane (Block Letter)----------
   (b) Age &Sex ----------
2. Father's Name----------
3. Date of Birth----------
4. a) Mailing address with Tel No. ----------

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b) Permanent address with Tel No. ----------

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5. Belong to which category (Tick the category): General/SC/ST/OBC
6. Registration No. with name of the Medical Council ----------

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7. **Merit in PGMEE** **UPPGMEE-20** General Rank----------
   Category Rank----------

(Enclosed Certificate)

8. Educational Qualification: (Please attested photocopy of documents in support)

Qualification	Year of Adimision	Year of Passing	Institution/University	No. of Attempts	Work and conduct
MBBS					
MD/MS in the subject of					
Other Qualification					

9. a) Present employment post held since (if any) ----------

   b) If yes, address of the present employer ----------

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10. Inquiry to any or disciplinary action pending/ taken during the study period at the medical college -------

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Note: Enclosed docunment in support of information given on SI.No.3,5,6,7&8

DECLARATION BY THE CANDIDATE

I here declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, facts of factual information. I have nevet been debarred from appearing at any examination. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancies in the particulars being detected and after my appointmaet in such an event. My service are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation. If at any stage of my selection, my ineligibility for candidature is cancelled as a result thereof.

No. of Enclosure:
Place:
Date:

(Signature of the candidate)
Name:

OFFICE OF THE PRINCIPAL, S.N.MEDICAL COLLEGE, AGRA

APPLICATION FOR THE POST OF JUNIOR RESIDENT IN TRAUMA CENTRE

Name of Department----------

1. (a) Full Nane (Block Letter)----------
   (b) Age &Sex ----------
2. Father's Name----------
3. Date of Birth----------
4. a) Mailing address with Tel No. ----------

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b) Permanent address with Tel No. ----------

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5. Belong to which category (Tick the category): General/SC/ST/OBC
6. Registration No. with name of the Medical Council ----------

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7. **Merit in PGMEE** **UPPGMEE-20** General Rank----------
   Category Rank----------

(Enclosed Certificate)

8. Educational Qualification: (Please attested photocopy of documents in support)

Qualification	Year of Adimision	Year of Passing	Institution/University	No. of Attempts	Work and conduct
MBBS					
MD/MS in the subject of					
Other Qualification					

9. a) Present employment post held since (if any) ----------

   b) If yes, address of the present employer ----------

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10. Inquiry to any or disciplinary action pending/ taken during the study period at the medical college -------

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Note: Enclosed docunment in support of information given on SI.No.3,5,6,7&8

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No. of Enclosure:
Place:
Date:

(Signature of the candidate)
Name: