

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

Name of the post applied for S.R. in.....

Department.....

1- (a) Full Name (Block Letter).....

(b) Age & Sex.....

2- (a) Father's Name.....

3- Date of Birth.....

4- (a) Mailing address with Tel. No.  
.....

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

Belong to which category (Tick the category):                     General/ SC/ ST/ OBC

5- Registration No. with name of the Medical Council.....

Merit in PGMEET

UPPGMEET-20

General Rank.....

Category Rank.....

(Enclosed Certificate)

6- Educational Qualification: (Please attested photocopy of documents in support)

Qualification	Year of Admission	Year of Passing	Institution/ University	No. of Attempts	Work and conduct
M.B.B.S.					
M.D./M.S. in the Subject of					
Other Qualification					

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

(b) If yes, address of the present employer.....

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

Note:-Enclosed document information given on Sl.No. 3,5,6,7 & 8.

### DECLARATION BY THE CANDIDATE

I hereby 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 never been debarred from appearing at my examination. I understand that my candidature is liable to be rejected in the event of any misstatement/discrepancies in the particulars being detected and after my appointment is such an event. My service is liable to be terminated without my 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:

(Signature of the candidate)

Place:

Date:

Name: