



Shri Lal Bahadur Shastri Govt. Medical College & Hospital Mandi at Ner Chowk, Himachal Pradesh



Ph.No.01905-243945.Website:- www.slbsgmchmandi.com

Sr. No..... Diary No..... Date.....

Advt. No.....Date.....

1. POST APPLIED FOR.....
2. Name (Block letter).....
3. Father's /Husband Name.....
4. Date of Birth.....
5. Present Postal Address.....

Photo to be paste

6. Mobile No.7. E-mail.....

7. Permanent Address.....

9. Nationality.....10.Gender.....

10. Category.....

11. Marital status.....

13. Education Qualifications

Sr. No.	Examination pass	Board/ University	Marks Obtained	Total Marks	Percentage
1	Matriculation				
2	10+2 or Equivalent				
3	Graduation				
4	Master Degree				

5	Other Higher Degree				
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14. Experiences

Sr. No.	Department Name	Designation	Period		Total Experience
			From	To	
1					
2					
3					
4					

15. List of certificate and testimonials (please attached the attested copies)

- i.....ii.....
- iii.....iv.....
- v.....vi.....
- vii.....viii.....
- IX.....

Certificate:

I hereby declare that I have carefully gone through the instructions, terms and conditions of the above application, which is true and correct to the best of my ability, knowledge, understanding and belief. I understand that in the event of any information being found false or incorrect any time, my candidature would be liable to be cancelled and I shall be liable for legal action in accordance with law.

Place

Date:

(Signature of applicant)