

**APPLICATION FORM**  
**GOVT. DOON MEDICAL COLLEGE, DEHRADUN UTTARAKHAND**

Application for the post of \_\_\_\_\_



1. Name of the applicant (In Block Letters).....
2. Sex : .....
3. Father's/ Husband's Name : .....
4. Category : .....
5. Date of Birth & Age (Please attach self-attested photocopy of Secondary School Certificate): .....
6. Aadhar Card No.:.....
7. PAN: .....
8. Permanent Address-  
\_\_\_\_\_  
\_\_\_\_\_
9. Correspondence Address :  
\_\_\_\_\_  
\_\_\_\_\_
10. Email (In block letters): .....
11. Mobile Number : \_\_\_\_\_
12. Date of appearance in Last MCI - UG / PG / any other Assessment \_\_\_\_\_

**13. ACADEMIC QUALIFICATIONS -**

(Please attach self-attested photocopy of MBBS/MD/MS/DM/M.Ch./M.Sc./Ph.D. degree certificate and copy of registration certificate for MBBS and PG):

Qualification	College/ University	Year of Passing	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS				
MD/MS/DNB/Ph.D. (Speciality.....)				
M.Sc. / Ph.D. (Speciality.....)				
DM/M.Ch. (Speciality.....)				

Contd....2.

14. DETAILS OF THE PREVIOUS APPOINTMENTS TEACHING EXPERIENCE.

Designation	Department	Name of Institution/ University	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/ Demonstrator					
Junior Resident					
Registrar					
Senior Resident					
Assistant Professor					
Associate Professor					
Professor					

15. Details of publication (Please attach self-attested copy of publications along with proof of indexing)
- a) National (Number) : \_\_\_\_\_
- b) International (Number): \_\_\_\_\_
16. MCI Basic course training workshop (Please attach self-attested photocopy of certificate) - Yes / No
17. If Under obligation of Essential State Service Bond in any State of India, "No Objection Certificate" from present employer attached - Yes / No