

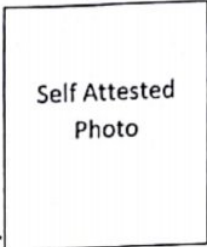
**AUTONOMOUS STATE MEDICAL COLLEGE, LAKHIMPUR KHERI.**

**Application Format**

Advertisement Number and Date.....

Post.....(The Post for which the application is being made)

Note: - All information must be completed by the applicant.



- 1- Name of Applicant.....
- 2- Male / Female.....
- 3- Father / Husband's Name (including Surname).....
- 4- Present Address of Residence (including PIN code).....

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Name of the City..... Phone No.....

Mobile Number .....Email ID.....

- 5- Permanent address.....

.....

Name of the City..... Phone No.....

Mobile Number.....

- 6- Aadhar card number (if Any).....

7- Date of birth (enclose the mark sheet of high school examination).....

8- Age of applicant as on 01-07-2023..... Day..... Month..... Year.

- 9- Applicant's Marital Status- Married / Unmarried.....

10-Date of marriage-.....

11-Category: Unreserved / Scheduled Caste / Scheduled Tribes / Other Backward Classes

/EWS/Disabled.....

(Attach photocopy of certificate issued by competent authority for reserved category)

- 12-Registration Number and Name of the Medical Council and Date.....

a- MBBS-.....

b- MD/ MS-.....

c- MCH/ DM.....

d- Others

13-Educational Qualifications: (Enclose attested photo copies of certificates and marks sheets)

No.	Name of the Examination	Institution / Board / University	Year	Subject	Marks Obtained / Max Marks	MBBS Total Marks / percentage	effort (attempts)
1	MBBS						
2	MD/MS						
3	DM/MCH						
4	Others						

14-List of attached certificates as per checklist.....

15-Details of Demand draft-

- a- DD Number-----
- b- Issue Date-----
- c- Issuing Bank-----

Place.....

Date.....

**Full name and Signature of the Applicant**

**// Announcement //**

1. I certify that the above information given by me is complete and true. In the event of information being false, my application form / appointment letter can be cancelled.
2. I certify that I have not been found guilty by any court of any offense of moral decimation nor is there any such case against me in any jurisdiction.

Place.....

Date.....

**Full Name and Signature of the Applicant**

**Checklist**

Name of applicant:.....

1. Demand Draft
2. Self-Attested Photograph
3. Aadhar Card & Pan Card
4. Category Certificate
5. DOB Certificate /High School Certificates
6. UG, PG Degree
7. UG,PG Registration
8. Experience Certificates
9. Research Publications
10. NOC if in Government Service

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**Place:**

**Date:**

**Signature of the applicant**