

**GOVERNMENT MEDICAL COLLEGE & HOSPITAL  
APPLICATION FORMAT**

Photograph

**DETAILS OF DEMAND DRAFT**

- a. Number & Date : \_\_\_\_\_
- b. Name of Issuing Bank & Branch : \_\_\_\_\_
- c. Amount : \_\_\_\_\_
1. Discipline (Subject) applied for : \_\_\_\_\_
2. Name of the applicant (In Block Letters) : \_\_\_\_\_
3. Father's/ Husband's Name : \_\_\_\_\_
4. Correspondence Address (with Telephone/ : \_\_\_\_\_  
Mobile Number) \_\_\_\_\_  
Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
5. Date of Birth : \_\_\_\_\_
6. Sex : Male/ Female
7. Whether SC/ Gen. : \_\_\_\_\_
8. Details of Primary/ CET/ Diploma Passed : \_\_\_\_\_

(Year of Passing)

9. Educational Qualifications : (with the name of institution, year of passing, % of Marks, Attempts, Distinctions or awards if any)

Name of Institution	Year of Passing	% of Marks	Attempts	Distinctions or Awards (if any)

10. MCI/DMC/State Medical Council Regn. No. : \_\_\_\_\_
11. List of enclosures : \_\_\_\_\_

(Signature of candidate)