



OFFICE OF THE PRINCIPAL  
INDIRA GANDHI MEDICAL COLLEGE  
SHIMLA, HIMACHAL PRADESH-171001  
PH. 0177-2883212, 01772883204  
Website:-www.igmcsimla.edu.in

Photo  
Paste  
Here

Sr. No. \_\_\_\_\_ Diary No. \_\_\_\_\_ Date: \_\_\_\_\_

Advt. No. \_\_\_\_\_ Date: \_\_\_\_\_

Bank Demand Draft No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

1. POST APPLIED FOR: \_\_\_\_\_
2. NAME (IN BLOCK LETTER) : \_\_\_\_\_
3. FATHER'S/ HUSBAND NAME: \_\_\_\_\_
4. PRESENT POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. MOB. NO. 1. \_\_\_\_\_ 2. \_\_\_\_\_

6. EMAIL ID: \_\_\_\_\_

7. PERMANENT HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. A) NATIONALITY: \_\_\_\_\_ B) GENDER \_\_\_\_\_

C) CATEGORY: \_\_\_\_\_ D) MARITAL STATUS \_\_\_\_\_

9. DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_.

10. EDUCATIONAL QUALIFICATION:

S. NO.	EXAMINATION PASS	BOARD / UNIVERSITY	TOTAL MARKS	MARKS OBTAINED	PERCENTAGE
1.	MATRIC				
2.	10+2				
3.					
4.					
5.					



**11. EXPERIENCE:**

SR NO.	DEPARTMENT NAME	DESIGNATION	PERIOD		TOTAL EXPERINCE
			FROM	TO	
1.					
2.					
3.					
4.					
5.					

**12. LIST OF THE CERTIFICATES AND TESTIMONALS (PLEASE ATTACH THE ATTESTED COPIES)**

(I) \_\_\_\_\_ (V) \_\_\_\_\_  
(II) \_\_\_\_\_  
(III) \_\_\_\_\_ (VI) \_\_\_\_\_  
(IV) \_\_\_\_\_ (VII) \_\_\_\_\_  
(IV) \_\_\_\_\_ (VIII) \_\_\_\_\_

**CERTIFICATE:**

I hereby declare that I have carefully gone through the instruction and the contents of above application are 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, 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)

**FOR OFFICE USE ONLY**

The above Candidate is Eligible or not Eligible due to \_\_\_\_\_

Signature

Signature

Signature

Signature

Signature