King George’s Medical University, Lucknow

Chowk Uttar Pradesh Luckow-226003

(A Govt. of UP Organization)

Affix Photo



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| **Post Applied for:** |  |
| **Candidate’s Name:** |  |
| **Father’s/Husband’s Name:** |  |
| **Gender:** |  Male Female Transgender |
| **Date of Birth:** | YYYYDDMM |
| **Nationality:** |  |
| **Category:** |  Gen EWS OBC SC ST |
| Caste Cert. No.(Only for SC, ST,OBC, EWS)  |
|  Freedom Fighter Reservation Ex Army Serviceman Handicapped |
| **Marital Status:** |  |
| **Identity Proof:** | AADHAR Card No.: |
| **Mailing Address:**  Line 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Permanent Address:**  Line 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Academic Qualification:**

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| **Examination Passed** | **Name of Institute/College** | **Board/University** | **Year of Passing** | **No. of attempts** | **% Marks** | **Registration No- UP MCI/UP NCI** | **Subject/****Specialty** |
| **Matriculation** |  |  |  |  |  |  |  |
| **Intermediate** |  |  |  |  |  |  |  |
| **MBBS** |  |  |  |  |  |  |  |
| **GNM /BSc. Nursing/BSc/BCom** |  |  |  |  |  |  |  |
| **MD/Diploma****Ob/Gyn or Anaesthesia/ MSc. Nursing** |  |  |  |  |  |  |  |
| **“O” Level**  |  |  |  |  |  |  |  |
| **Any Other** |  |  |  |  |  |  |  |

**Employment Details:**

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| --- | --- | --- | --- | --- |
| Organization | Designation | Job Description | Pay Scale with grade pay (Salary) | Duration |
| From | To |
|  |  |  |  |  |  |
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**Declaration:**

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| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I solemnly affirm that if any material fact has been suppressed by me, my candidature shall stand immediately cancelled without any notice. In this matter decision of the Institute shall be final and binding on me. |

**Date: Signature**