

**Government Medical College, Kanth Bagh Baramulla 193101**

**(Senior Resident Form)**

Name of Candidate \_\_\_\_\_

Phone No. \_\_\_\_\_

Email ID \_\_\_\_\_

D.O.B \_\_\_\_\_ Age \_\_\_\_\_

Recent Passport Size Photo
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Residence \_\_\_\_\_

MBBS College \_\_\_\_\_ Year \_\_\_\_\_ Marks \_\_\_\_\_ %

PG College \_\_\_\_\_ Year \_\_\_\_\_

S.no	Year	M. Marks	Marks Obtained	%age	Attempt
1.	Ist MBBS				
2.	2 <sup>nd</sup> MBBS				
3.	Pre final				
4.	Final				

House Job Experience \_\_\_\_\_ yrs Grade \_\_\_\_\_

Rural Service before PG \_\_\_\_\_

Rural service after PG \_\_\_\_\_

No. of Publications as 1<sup>st</sup> /2<sup>nd</sup> /corresponding Author \_\_\_\_\_

Enclosures \_\_\_\_\_ pages

**Signature of candidate**