



SHRI ATAL BIHARI VAJPAYEE GOVERNMENT MEDICAL COLLEGE  
CHHAINSA, FARIDABAD, HARYANA, 121004

Tel. No. 0129 2840600

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**Application Form**

Category (applied for) .....

Advt. No.....

Application for the Post of .....

in the Department of .....

Affix passport  
size photograph  
duly attested

1. Name in Block Letters : .....

(As per Matriculation certificate/Sr. Secondary or any equivalent Exam. Women candidates should prefix Kumari/Shrimati)

2. Address: .....

.....

Tel No..... Mobile ..... Email .....

3. Date of Birth: ..... 4. Marital Status: .....

5. Spouse name: ..... Qualification .....

Current job: .....

6. Are you:

(a) A citizen of India by birth or by domicile .....

(b) A person having migrated from Pakistan with the intention of permanently setting in India  
or a Subject of Nepal or Sikkim or Subject of a Portuguese possession in India

(c) Scheduled Caste/Tribe Candidate : .....

(d) Backward Class candidates of Haryana : .....

(e) Ex Serviceman/Serving Soldier : .....

(Certificate to this effect from competent authority should be attached)

7. Name of State to which you belong : .....

8. Father's Name : .....

Address & Occupation : .....

(If dead, state his last address and occupation before death)

\* Answer 'Yes' or 'No' and cancel the words which are not applicable

**9. Examination Passed:**

Name of the Examination	Month & Year of Passing / Completion	Duration in days/ months/ years	No. of extra attempts	Marks Obtained	Maximum Marks	Name of Institution/ University
A) First Prof. Second Prof. Final Prof. Part-I Part-II						
B) Internship Completion						
Aggregate Marks of all Profs.						
Aggregate % of Marks of all Profs.						
C) MD/MS						

**10. Particulars of Post PG Experience: -**

S. No.	Name of Medical college/ Hospital	Specialty	Date of Joining	Date of Relieving	Duration
1					
2					
3					
4					
5					

**11. Academic achievements:**

- Best graduate (1<sup>st</sup> in aggregate in all profs. Exams combined) YES/NO
- 2<sup>nd</sup> Best graduate (1<sup>st</sup> in aggregate in any profs. Exams) YES/NO
- 1<sup>st</sup> Position in any subject in University exams (During Graduation) YES/NO
- 2<sup>nd</sup> Position in any subject in University exams (During Graduation) YES/NO

**12. Extracurricular activities.....**

- a) Sports and Cultural activities
- b) Blood Donation

13. Publications in indexed journals (Indexing agencies as per NMC/DCI):-

- .....
- .....

14. Any other additional qualifications i.e. medals, prizes :-

- .....
- .....

15. Application Fees (in Rs.) ..... Demand draft no. ....

dated ..... Issuing Bank .....

16. Are you a Government Servant? If yes, whether

1. Permanent or Temporary .....
2. Designation / Post .....
3. Govt./Private .....
4. Present pay and allowance .....

17. Have you ever been disqualified by

- a) Union Public Service Commission
- b) Haryana Public Service Commission
- c) Any other State Public Service Commission
- d) Any other Govt. Department, if yes full particular and post held, reason for removal / dismissal with

18. Have you ever been removed /dismissed from Govt. Service or compulsorily retired, if so full Details be given?

19. If selected what notice would you required for joining?

20. Give below the names of two persons who are in a position to testify from personal knowledge your fitness for post (they must not be related to you)

Name \_\_\_\_\_ Name \_\_\_\_\_

Status \_\_\_\_\_ Status \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**DECLARATION**

I ..... s/o/d/o/w/o ..... R/o .....  
..... hereby declare that information given is correct to the best of my  
knowledge and belief:

1. That all the degree/diploma/Other educational qualifications/experience constituting essential qualification, as per the advertisement, submitted by me in support of this application are recognized by Medical/Dental Council of India or such body as is competent to recognize such a degree/diploma/Other educational/ qualification/ experience in India.
2. That I possess the requisite experience, as per the advertisement for the post that I have applied for from an Institution recognized by the competent body in India.
3. That if at any stage, this declaration is found to be false than the interview and all subsequent actions to it may be considered void ab-initio besides any such administrative or legal action by competent authority deemed for, including recovery of financial loss sustained due to the false declaration.

Place: .....

Date: .....

Signature of the applicant

**List of Enclosures:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

Please write your complete correspondence address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Pin Code: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_



**DOCUMENTS CHECK LIST FOR SENIOR RESIDENTS TO BE ATTACHED WITH FORM.**

**NAME:**

S.NO	DOCUMENT	CHECKED	
1.	NMC/MCI REGISTRATION/STATE REGISTRATION (UG & PG)		
2.	DEGREE/ PROVISIONAL (MBBS/MD/MS/PG DIPLOMA)		
3.	MBBS MARKS CERTIFICATES		
4.	INTERNSHIP COMPLETION CERTIFICATE		
5.	ATTEMPT CERTIFICATE (MBBS/MD/MS/PG DIPLOMA)		
6.	PROOF OF MCI/ NMC RECOGNITION OF COLLEGE		
7.	BIRTH CERTIFICATE		
8.	POST PG EXPERIENCE CERTIFICATE		
9.	CASTE CERTIFICATE ( if any)		
10.	PUBLICATIONS/PRESENTATIONS/ AWARDS/MEDALS		
11.	OTHER ACHIEVEMENTS CERTIFICATEs		
12.	PAN CARD		
13.	FOREIGN MEDICAL GRADUATE (FMG)	PASSING CERTIFICATE FROM UNIVERSITY/COLLEGE	
		MARKSHEET OF UNIVERSITY/COLLEGE	
		PASSING CERTIFICATE OF FOREIGN MEDICAL GRADUATE EXAMINATION (FMGE) CONDUCTED BY NATIONAL BOARD OF EXAMINATION (NBE).	
		MARKSHEET OF FOREIGN MEDICAL GRADUATE EXAMINATION (FMGE) CONDUCTED BY NATIONAL BOARD OF EXAMINATION (NBE).	