

AUTONOMOUS STATE MEDICAL COLLEGE SOCIETY, FIROZABAD

Application For The Post EMO

Note:- All information must be completed by the applicant.

- 1- Name of Department :.....
- 2- Name of Applicant (Block Letter).....
- 3- Sex (Male / Female).....
- 4- Father / Husband's Name (including Surname).....
- 5- Present Address of Residence (including PIN code).....
.....
- Mobile Number.....Email ID.....
- 6- Permanent address.....
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- Mobile Number.....Email ID.....
- 7- Aadhar card number (if Any).....
- 8- Date of birth (enclose high school mark sheet).....as on 01-07-2022.....
- 9- Category: Unreserved / SC / ST / OBC / EWS / Disabled.....
(Attach photocopy of certificate issued by competent authority for reserved category)
- 10- Registration Number and Name of the Medical Council and Date.....
 - a- MBBS-
 - b- MD / MS
 - c- Others



11- Educational Qualifications: (Enclose attested photo copies of certificates and marks sheets)

No.	Name of the Examination	Institution / Board University	Year of passing	Subject	Marks Obtained / Max Marks	Total Marks / Percentage	No. of attempts	Work and Conduct
1	MBBS							
2	MD/MS							
3	Other Qualification							

- 12- a) Present Employment post held since (if any).....
- b) If yes, Address of the present employer.....
- 13- Inquiry to any or disciplinary action pending / taken during the study period at the medical college.....
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Note: Enclosed document in support of information given on SI. No. 7,8,9,10,11 and 12.

DECLARATION BY THE CANDIDATE

I have declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not supported any material, facts of factual information. I have never been debarred from appearing at any examination. I understand that my candidature is liable to rejected in the event of any mis-statement/discrepancies in the particulars being detected and after my appointment in such an event. My service are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation. If at any stage of my selection, my ineligibility for candidature is cancelled as a result thereof.

No of Enclosure:

Place:

Date:

(Full a Name and Signature of the Candidate)