



**OFFICE OF THE PRINCIPAL, GOVERNMENT MEDICAL COLLEGE
& SUPER FACILITY HOSPITAL, AZAMGARH, UP-276128**

Phone No. 05463-235020, Fax No. 05463-235194,
E-mail Id- gmcazamgarh@gmail.com, Website- www.gmcazamgarh.com



APPLICATION FORM

Note : All details fill in BLOCK LETTERS

Paste recent
passport size
photograph

- Application for the Post of _____
1. Full Name (BLOCK LETTERS) _____
 2. Father's/Husband's Name _____
 3. Mother's Name _____
 4. Address _____

_____ Pin Code _____
 5. Aadhar No. _____ PAN No. _____
 6. Mobile No. _____ E-mail ID (Capital Letter) _____
 7. Date of Birth ____/____/____ Age as on 01/07/2025 _____
 8. Gender (Male/Female) _____ Marital Status (Married/unmarried) _____
 9. Category (UR/OBC/SC/ST/EWS) _____ Whether belong to PwD (Yes/No) _____
 10. Percentage of disability (If Applicable) _____ Religion _____
 11. State of Domicile _____ Nationality _____
 12. Registration No. with the Nursing Council _____ State in which registered _____
 13. D.D. No. _____ Date _____ Bank Name _____ Amount (Rs.) _____

Educational Qualifications (Please attach attested copies of certificates/degrees in support of your qualifications)

Examination Passed	Roll No./ Certificate No.	Year of Passing	No. of attempts	Percentage of Marks	Name of Board/University/College
High School					
Intermediate					
B.Sc. Nursing/ P.B. B.Sc. Nursing					
M.Sc. Nursing					
PhD. Nursing					
Any other Degree/Diploma					

Registration Details	Registration No.	Year	Name of Council
B.Sc. Nursing/P.B. B.Sc. Nursing			
M.Sc. Nursing			
PhD. Nursing			

14. Teaching/Research Experience (Please attach self-attested copies of experience Certificates)

Sl.No.	Post held (Temporary/ Contractual/ Permanent)	Period (dd/mm/yyyy)		Total Period			Pay Scale	Organization/Institution
		From	To	Years	Months	Days		
Total Teaching Experience -								
Total Clinical Experience -								

15. Awards/Fellowships- (Please attach attested copies of certificates)

Name of the Award/Fellowship	Date of Award	Awarding Body/Organization	Level

16. Publications (Please attach attested copies of certificates)-

Title of paper	Journal Name and ISSN/ISBN No.	Impact factor	No. of co-authors	Whether 1 st , 2 nd , 3 rd or corresponding author	Indexing Database

17. Chapters published in Books/Edited Books (Please attach attested copies of certificates)-

Title with page nos.	Date of publication	Book/Title Editor & Publisher	ISSN/ISBN No.	No. of co-authors	Whether main Author

18. Invited Lectures/Resource Person/Paper Presentation in Seminars/Conferences/Full paper in Conference Proceedings.

Title of Lecture	Organizing Body	Date and Place

LIST OF ENCLOSURES

Sr. No.	Particulars of enclosures	Yes/No
1.	Hard copy of Application duly signed with passport size photograph	
2.	Applied through proper channel/NOC submitted	
3.	Matriculation(10 th) Certificate	
4.	Senior Secondary (10+2) Certificate	
5.	B.Sc./P.B. B.Sc. Nursing Certificate	
6.	Registration Certificate for B. Sc. Nursing	
7.	M.Sc. Nursing Certificate	
8.	Registration Certificate for M. Sc. Nursing	
9.	PhD. Nursing Certificate	
10.	Registration Certificate for PhD. Nursing	
11.	Attempt Certificate	
12.	Teaching Experience Certificate (Tutor/Lecturer/Reader/Professors and Other)	
13.	Community Certificate (EWS, SC, ST & OBC (Non- Creamy Layer)	
14.	Disability Certificate (if applicable)	
15.	Copy of all publication, awards, Fellowship etc.	
16.	Copy of Aadhar & PAN Card	
17.	Demand Draft (DD)	

DECLARATION BY THE CANDIDATE

(Post applied for _____ at Government Medical College & Super Facility Hospital, Azamgarh.) I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed/concealed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof I am not aware of any circumstance which might impair my fitness for employment under the Government rules.

Signature of the candidate

Date:

Place: