



कार्यालय: प्रधानाचार्य राजर्षि दशरथ स्वशासी राज्य चिकित्सा महाविद्यालय, अयोध्या।

Email ID: principalgmcaayodhya@gmail.com

Website: www.asmcayodhya.ac.in

पता: राजर्षि दशरथ स्वशासी राज्य चिकित्सा महाविद्यालय, सोसायटी, ग्राम- गंजा, परगना- हवेली, तहसील- सदर, जनपद- अयोध्या, उ०प्र० 224133

Application Form for SR/Non PG/JR/Tutor

Advertisement Number and Date:- मे०का०अ० / विज्ञापन / 2021 / 321 दिनांक: 20 फरवरी
Post (The Post for which the application is being made)

1:- Name: - _____

2:- Age/sex: - _____

3:- Category GEN/OBC/SC/ST (Enclose Category certificate if required)

4:- Father's Name: - _____

5:- M.B.B.S/B.D.S College Name & Duration: - _____

(Enclose Attested Photocopy)

6:- PG College Name & Institution _____

(Enclose Attested Photocopy)

7:- Experience:- _____

(Enclose Attested Photocopy)

8:- Email ID:- _____

9:- Address: - _____

(Enclose Adhaar card/Pan Card Attested Photocopy)

10:- Contact. No :- (1):- _____ (2):- _____

11:- Application Fee: Demand Draft No Dated for Rs. 500.00
in favour of "Autonomous State Medical College Society Ayodhya" is attached in original.

Photo
Self
Attested

Signature of Applicant

// Announcement //

- 1- I certify that the above information given by me is complete and true. In the event of information being false, my application form / appointment letter can be cancelled.
- 2- I certify that I have not been found guilty by any court of any offense of moral decimation nor is there any such case against me in any jurisdiction.

Place

Date

Full Name and Signature of the Applicant