



GOVERNMENT OF INDIA
UNION TERRITORY OF JAMMU AND KASHMIR
OFFICE OF THE PRINCIPAL GOVT. MEDICAL COLLEGE DODA
Email: principalgmcddoda@gmail.com Phone/Fax: 01996-233888

ADVERTISEMENT NOTICE/WALK IN INTERVIEW

Applications on plain paper are invited for the posts of **House Officers / Junior Residents (MBBS)** for various specialties at Govt. Medical College Doda, on following terms and conditions:-

That an applicant should produce

1. Date of Birth certificate.
2. Permanent Resident/Domicile Certificate.
3. MBBS Certificate.
4. Attempt Certificate.
5. Internship Completion Certificate.
6. MCI/ State Medical Council certificate.
7. Merit Certificate if any.
8. Certificate of extra co- curricular activities/ sports if any issued by the competent authority.
9. Affidavit of character and antecedents.

The above mentioned certificates along with applications should be mailed to the undersigned on principalgmcddoda@gmail.com on or before **07th February 2021**.

ALL APPLICANTS SHOULD MENTION THEIR MOBILE TELEPHONE NUMBERS AND EMAIL ID IN THEIR APPLICATIONS.

Dinesh
Kumar

Digitally signed by
Dinesh Kumar
Date: 2021.01.28
12:02:21 +05'30'

Prof. (Dr.) Dinesh Kumar
Principal
Govt. Medical College,
Doda

Dated: 28-01-2021

No.: GMCD/Adm/2020/3018-22

Copy for information to the:-

1. Financial Commissioner, Health & Medical Education Department, Civil Secretariat, Jammu.
2. Director (Coordination), New Medical Colleges, J&K, Jammu.
3. Medical Superintendent, Associated Hospitals, Doda for information and necessary action.
4. Joint Director, Information Department, Jammu Division, Jammu with a request to publish the Advertisement Notice two leading newspapers of Jammu Division i.e. Daily Excelsior and State Times and of Kashmir Division i.e. Greater Kashmir and Rising Kashmir and two National dailies preferably Indian Express and The Tribune.
5. Office copy.

Application form

Post Applied For: _____ Advt. No:- _____

Name of the Candidate: _____

Parentage: _____

Date of Birth: _____

Permanent Address: _____

Contact No: _____

Email Id: _____



Academic Qualification

Examination	Subjects	Year of Passing	Maximum Marks	Obtained Marks	Percentage of Marks	Board/Institute/University
10 th						
12 th						

Professional Qualification

MBBS						
PG/MD						
Any Other						

Experience

S.No	Designation	Institution/Company Name	From	To	Total Experience

Signature of candidate