**GOVERNMENT MEDICAL COLLEGE, BADAUN 243601**

Photo

**Walk-in Interview: DOCUMENT SCREENING**

**TO BE FILLED BY CANDIDATE**

Name : ................................................ Date:

Post applied for : ................................................

Category : ................................................

DOB : …………… Age (In Completed year and months)

Address :- Contact No…………………….

MBBS/BDS/MSC Institute : ........................................

MBBS/BDS Registration No. : ......................................... Council:-

MSC Subject (if applicable) : ............................................

**Previous experience as JR- Yes / NO**

**If Yes give details-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Institute (where worked as JR)** | **From** | **To** | **Duration** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* Any other achievement/training-......................................
* Presently Working at: ...................................................
* Last Presented for MCI Inspection on: ....................... at .........................
* Time required for joining if appointed: .................................

Signature of Candidate................................... Date.........................

**For Official use**

Documents submitted (Self attested Xerox copy)

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Document** | **Yes/No/NA** | **Remarks** |
| **1** | High School Certificate |  |  |
| **2** | Caste certificate |  |  |
| **3** | Mark sheet MBBS/BDS 1 |  |  |
| **4** | Mark sheet MBBS/BDS 2 |  |  |
| **5** | Mark sheet MBBS/BDS 3 |  |  |
| **6** | Mark sheet MBBS/BDS 4  |  |  |
| **7** | Internship Completion |  |  |
| **8** | MBBS Degree |  |  |
| **9** | MBBS/BDS Registration Certificate  |  |  |
| **10** | M.Sc. Marks sheet (All Year) |  |  |
| **11** | MSC Degree  |  |  |
| **12** | NOC from employer if employed |  |  |
| **13** | Experience Certificates |  |  |
| **14** | PAN Card |  |  |
| **15** | Aadhar Card |  |  |

Documents Verified by:

**REMARKS**

|  |  |  |
| --- | --- | --- |
| Accepted | Accepted Provisionally | Not Accepted (give reasons) |
|  |  |  |

Signatures of committee members

1. .........................
2. .........................
3. .........................
4. .........................
5. .........................
6. .........................
7. .........................
8. .........................