



King George's Medical University, Lucknow
Chowk Uttar Pradesh Lucknow-226003
(A Govt. of UP Organization)

Affix Photo

Candidate's Name:			
Father's/Husband's Name:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth:	<input type="text" value="DD"/>	<input type="text" value="M"/>	<input type="text" value="YYYY"/>
Nationality:			
Category:	<input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC Caste Cert. No. <input type="text"/> (Only for SC, ST and OBC)		
Handicapped:	Yes/No		
Marital Status:			
Identity Proof:	AADHAR Card No.:		
Mailing Address:			
Line 1: _____		Phone: _____	
Line 2: _____		Extension: _____	
District: _____		E-mail: _____	
State: _____			
Pin code: _____			
Permanent Address:			
Line 1: _____		Phone: _____	
Line 2: _____		Extension: _____	
District: _____		E-mail: _____	
State: _____			
Pincode: _____			

Academic Qualification:

Examination Passed	Name of Institute/College	Board/University	Year of Passing	No. of attempts	% Marks	Subject/Specialty
Matriculation						
Intermediate						
Graduation						
Post-Graduation						
Professional (Specify)						
Professional (Specify)						
Other (Specify)						
Other (Specify)						

Employment Details:

Organization	Designation	Job Description	Pay Scale with grade pay (Salary)	Duration	
				From	To

Declaration:

I _____ hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I solemnly affirm that if any material fact has been suppressed by me, my candidature shall stand immediately cancelled without any notice. In this matter decision of the Institute shall be final and binding on me.

Date:**Signature**