

‘Appendix-“A”

APPLICATION FORM FOR THE POST OF SENIOR RESIDENT (GDO/DIRECT),  
INDIRA GANDHI MEDICAL COLLEGE, SHIMLA-171001.

1. Name of the speciality applied for (Candidate should mention only one Speciality) \_\_\_\_\_

Space for photo.

2. Name in capital letters: \_\_\_\_\_

3. Father's name : \_\_\_\_\_

4. Date of birth \_\_\_\_\_

5. Educational Qualification(Professional) \_\_\_\_\_

6. Permanent Home Address \_\_\_\_\_

7. Correspondence address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email.ID \_\_\_\_\_

8. Category(for direct candidate only): General/SC/ST/OBC \_\_\_\_\_

9. Whether the candidate is in-service GDO/Adhoc/Contract/RKS appointees \_\_\_\_\_

10. Details of service (for GDOs only)

i) Adhoc/contract/RKS basis : from \_\_\_\_\_ to \_\_\_\_\_

ii) Regular basis from : From \_\_\_\_\_ to \_\_\_\_\_

11. Detail of Institutions served:

Sr.No.	Name of Institution	From	To
1.			
2.			
3.			
4.			

(Total length of services)

12. Whether the candidate has worked as Senior Resident /Resident Doctor in the past. If yes, details thereof.

i) Name of Institution/Medical College where served: \_\_\_\_\_

ii) Name of Speciality /Deptt in which worked \_\_\_\_\_

iii) Period: From \_\_\_\_\_ to \_\_\_\_\_

**(NOTE: ANY INFORMATION SUPPLIED, IF FOUND WRONG AT ANY STAGE, THE CANDIDATE WILL HIMSELF BE LIABLE TO FACE THE CONSEQUENCES.)**

Detail of certificates attached

1.

2.

3.

(Total length of service)

Signature of the applicant  
Correspondence address.

**FOR IN-SERVICE (GDOs/adhoc/Contract/RKS) CANDIDATES ONLY**

Certified that the information as supplied above by the applicant has been duly verified from the service record of the candidate and has been found correct.

**Block Medical Officer/  
Chief Medical Officer.**

No. \_\_\_\_\_

Dated: \_\_\_\_\_

Forwarded in original to the Principal, IGMC Shimla for information and consideration. The particulars as mentioned in the application have been verified and found correct.

Dr. \_\_\_\_\_ has served in H.P. as under:-

1. Specify the place if posting fall under category A.B.C.D & E from the list of category of area notified by the Govt. \_\_\_\_\_

**Director Health Services,  
Himachal Pradesh.**