

(Annexure A)

Application Form for engagement of staff under National De-addiction Program (DDAP) MHFW Government of India, Government Medical College, Srinagar

Recent Passport size photograph
Self-attested

Advertisement notice no. _____ Dated: _____

Post applied for: _____

Name: _____

S/o, D/o, W/o _____

Age: _____ Sex: _____ Marital status: _____

Present address: _____

District: _____ Tehsil: _____ Pin code: _____

Mobile No: _____ : Email: _____

Educational Qualification: (Self-attested Proof- Photo copy to be attached)

Qualification	Year	Board / University	% of marks	Remark
10 th				
12 th				
Essential Qualification (as per Advt.)				
Other				

Experience if any: _____

Declaration:

I solemnly affirm that the above given information is correct to the best of my knowledge and belief, nothing thereof is misconceived or misrepresented.

No. of enclosures: _____

Signature of Candidate: _____

Date: _____

Place: _____