Siddhartha Medical College, Vijayawada, Andhra Pradesh Application for the Recruitment of Man Power to Fill up un filled Post for MRU Unit of Siddhartha Medical College, Vijayawada.

Name of the Post	

S.No	Particulars				
1	Full Name in Capital				passport
2	Letters Father/ Husband				size
3	Age/Gender	A go:	Gender:		photograph
ر	Age/Gender	Age:	Gender.		self attested
4	Present Address				
5	Mobile Number				
6	E-Mail ID				
7	Date of Birth As per SSC Marks Memo				
8	Nationality				
	Qualifications:				
9	Details of School from	n 4 th Class to 10 th	Class (for Loca	al Status)	
	Sl.No	Class	Year of	Name of the	Town and District
			Passing	School	
	1	IV			
	2	V			
	3	VI			
	4	VII			
	5	VIII			
	6	IX			
	7	X			
10	Degree passed Name of the College & University	Subjects studied	Year of Passed out	% of Marks scored	
11	Particulars of Employ	ment or Work E	Experience in ch	ronological order	
	Name of the Employer & Address	Date of Joining	Date of Leaving	Nature of Work performed	

	Name of the	Name of the	Funding	Level of	Duration	Duration of
	Institute	project	Agency	participation	of	participation
					Project	
		D	eclaration			
		<u>D</u>	cciai ation			
i)	I		 ,	Son of / Daught	er of / Wife	of
				Resident of Vil	llage/ Town	[/] City
		of District		Stat	e	

hereby declare that all the information submitted by me in

this application form is correct, true & valid.

ii)

Date:

Place:

For OFFICE Use Only:

I have informed my Head of Office / Department in writing that I am applying for this

Signature of the Candidate

post and shall produce "No Objection" certificate at the time of Interview .

Nodal officer Siddhartha Medical College, Vijavawada	Principal Siddhartha Medical College, Vijavawada
Date :	Date :
Department:	Department:
Name :	Name :
Signature :	Signature :
Checked By:	Verified By: