

GOVERNMENT MEDICAL COLLEGE JAMMU

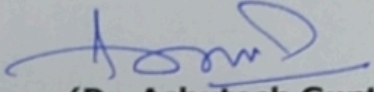
Office No. (0191-2584247) Fax No. (0191-2584234)

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RE-ADVERTISEMENT

On Scrutiny of application forms submitted for the post of Lecturer in the discipline of Surgical Oncology SSH, GMC Jammu invited vide advertisement Notice No. GMC/Estt/GD/SO-364/1674 dated 14-12-2023, no candidate has been found eligible. Hence, the said Post is ~~being~~ readvertised and the last date for submission of application form for the post of Lecturer in the discipline of Surgical Oncology is 25-02-2024.

Rest of the contents remains same.


(Dr. Ashutosh Gupta)
Principal & Dean
Govt. Medical College
Jammu

No: - GMC/Estt/GD/SO-364/2118

Dated: - 17-02-2024

Copy to the: -

1. Administrative Secretary to Govt. Health and Medical Education Department Civil Sect. Jammu for information.
2. Principal, Govt. Medical College, Srinagar/Kathua/Rajouri/Doda.
3. Director SKIMS, Soura Srinagar.
4. Director Health Services Jammu/ Kashmir.
5. HOD _____ GMC, Jammu.
6. Director, Doordarshan Kendra, Jammu for telecasting the substance of the advertisement notice in the local programme.
7. Joint Director, Information Department, Jammu for publication in two local leading English Newspapers.
8. Nominee, research Committee Govt. Medical College, Jammu for information.
9. Additional Secretary (L) GMC & its Associated Hospital Jammu for information and further necessary action
10. Pvt. Secy. to Principal, GMC, Jammu
11. Copy to I/c web zone, GMC, Jammu for load in the GMC, site.
12. Office order file/office copy.

(ANNEXURE-A)

GOVERNMENT MEDICAL COLLEGE JAMMU.

Advertisement No. _____
Dated: - _____
S. No. _____

Whether Retired / Non-PSC _____

(IN BLOCK LETTERS ONLY)

1. Post applied for _____ Department _____
2. Name of the candidate Dr. Mr. /Ms./ _____
3. Father's Name _____
4. Permanent Address: Village/Street Mohalla _____
Tehsil _____ District _____ Pin Code _____
5. Present Postal Address _____
6. Telephone No. _____ Celle Phone No. _____
7. Draft No. _____ Dated _____ Branch _____
8. Date of Birth _____ In words _____

9. No. of Publication(s) as a first author _____ and second author _____ (enclosed).
10. Details of Academic qualification MBBS/MD/M.Ch/ Ph.D on words :-

S. No.	Examination (MBBS)	Max. Marks	Marks obtained	% age
1				
2				
3				
4				
5				
6				

11. Total Teaching Experience (Registrar/ Lecturer / Assistant Professor / Associate Professor) on wards and mention the name of institution: -

- a) Registrar/ Demonstrator _____ (On wards) from _____
b) Lecturer _____ (On wards) from _____
c) Assistant Professor _____ (on wards) from _____
d) Associate Professor _____ (on wards) from _____

12. Details of documents attached: -

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____
10. _____ 11. _____ 12. _____
13. _____ 14. _____ 15. _____

Declaration:-

I hereby declare that the statements in this application are true and correct to the best of my knowledge and belief. I understand that any willful misrepresentation of facts and concealment of information result in the cancellation of my candidature..

Signature of candidate