



**MAHARSHI VISHWAMITRA  
AUTONOMOUS STATE MEDICAL COLLEGE  
GHAZIPUR (U.P)INDIA- 233001**

**OFFICE OF THE PRINCIPAL**

**Prof.(Dr.)Anand Mishra  
Principal**

S. No.: \_\_\_\_\_  
Dated: \_\_\_\_\_

Ref. No.MVASM/2025/ 659

Date:10.03.2025

**Notice**

This is inform that from now onwards Walk-in-interview will be held on every Wednesday (working day) from dated: 19.03.2025 for the post of Senior Resident & Junior Resident till next order.

Principal  
Maharishi VishwamitraAutonomous  
State Medical College  
Ghazipur

# स्वशासी राज्य चिकित्सा महाविद्यालय, गाजीपुर, उ०प्र० ।

नान पी०जी० जूनियर रेजीडेन्ट/डिमान्स्ट्रेटर/सीनियर रेजीडेन्ट के पद हेतु आवदेन फार्म

1. अभ्यर्थी का नाम .....
2. पिता का नाम .....
3. माता का नाम .....
4. जन्म तिथि .....
5. स्थायी पता .....
6. पत्र व्यवहार का पता .....
7. दूरभाष नम्बर .....
8. ई-मेल आई०डी० .....(यदि हो तो)
9. श्रेणी .....
10. आधार नं० .....
11. एम०सी०आई० रजिस्ट्रेशन नं० एम०बी०बी०एस (स्थायी रजिस्ट्रेशन).....  
एम०डी०/एम०एस० .....
- अन्य.....
12. आवेदित विषय का नाम .....

प्रमाणित फोटो

## शैक्षणिक विवरण (एम०बी०बी०एस०)

शैक्षणिक योग्यता	महाविद्यालय का नाम	विश्वविद्यालय का नाम	उत्तीर्ण वर्ष	प्रयास संख्या No of add. Attempt	प्राप्तांक	पूर्णांक	प्रतिशत

अनिवार्य प्रमाण पत्र का विवरण—(1)—हाई स्कूल मार्कशीट/प्रमाण पत्र, (2)एमबीबीएस/एम.डी./एम.एस./अन्य की समस्त शैक्षणिक मार्कशीट, (3)—डिग्री, (4)—एम०सी०आई० रजिस्ट्रेशन, (5)—इण्टर्नशिप प्रमाण पत्र, अटेम्प्ट प्रमाण पत्र, (6)—जाति प्रमाण पत्र (यदि लागू हो), (7)—अनुभव प्रमाण पत्र (यदि लागू हो), (8)—आधार कार्ड (9)—पासपोर्ट साइज 04 फोटो

## नान पी०जी० जूनियर रेजीडेन्ट के अनुभव का विवरण (यदि हो तो),

महाविद्यालय का नाम	कार्यकाल अवधि

मैं .....यह घोषणा करता हूँ कि मेरे द्वारा दिया विवरण एवं प्रमाण पत्र पूर्ण रूप सत्य/सही है। यदि कुछ गलत पाया जाता है तो उसकी सम्पूर्ण जिम्मेदारी मेरी होगी तथा महाविद्यालय द्वारा जो भी कार्यवाही की जायेगी वह मुझे मान्य होगी।

अभ्यर्थी के हस्ताक्षर

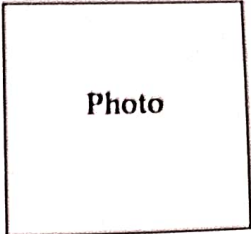
MAHARSHI VISHWAMITRA AUTONOMOUS STATE MEDICAL COLLEGE, GHAZIPUR

Application Format

Advertisement Number and Date .....

Post .....(The Post for which the application

Note:- All information must be completed by the applicant.



1. Name of Applicant .....
2. Male/ Female .....
3. Father/Husband's Name (including Surname).....
4. Present Address of Residence (including PIN code).....

.....  
.....

Name of the City ..... Phone. No. ....

Mobile Number ..... Email. ID.....

5. Permanent address .....

.....

Name of the city ..... Phone No.....

Mobile Number .....

6. Aadhar card number (if Any) .....

7. Date of birth (enclose the mark sheet of high school examination) .....

8. Age of

9. applicant as on 01-07-20\_\_ .....Day ..... Month..... Year

10. Applicant's Marital Status –Married/Unmarried .....

11. Date of Marriage-.....

12. Category: Unreserved/ Scheduled Caste/ Scheduled Tribes/ Other Backward Classes/  
Disabled.....

(Attach photocopy of certificates issued by competent authority for reserved category)

13. Registration Number and Name of the Medical Council and Date .....

MBBS.....

MD/MS.....

MCH/DM.....

14. Educational Qualifications: (Enclose attested photo copies of certificates and marks sheets)

No.	Name of the Examination	Institution Board/ University	Year	Subject	Marks Obtained / Max Marks	MBBS Total Marks/ percentage	effort (attempts)
1	MBBS						
2	MD/ MS						
3	DM/MCH						

15. Educational experience:-

No.	Designation	From	To	Duration	Name of the Institution
1	Professor				
2	Associate Professor				
3	Asstt. Professor				
4	S.R. / Tutor/ Demonstrator				

16. Research Publications:-

No.	Designation	Research Publications
1	Professor	
2	Associate Professor	
3	Asstt. Professor	
4	S.R. / Tutor/ Demonstrator	

(Attach Photo Copy)

17. If candidates serving in Government/ Quasi Government of public Sector are advised to submit 'NO Objection Certificate from their employer at the time of interview, failing which their candidature may not be considered.

18. List of attached certificates as per check list .....

Place .....

Date .....

Full Name and Signature of the Applicant

**// Announcement //**

1. I certify that the above information given by me is complete and true. In the event of information being false, my application form/appointment letter can be cancelled.

2. I certify that I have not been found guilty by any court of any offense of moral decimation nor is there any such case against me in my jurisdiction.

Place.....

Date.....

Full Name & Signature of Applicant