

Govt. College for Women M.A Road, Srinagar J&K

Cluster University Srinagar

Website: <https://www.gcwmaroad.edu.in>

Phone No: 0194 247 9432

Application Form

(Paramedical Centre, Govt. College for Women, M.A Road Srinagar J&K)

Advertisement Notification No. and Date: _____

Basic Information:

Salutation: _____

Name of the Applicant: _____

Gender: _____

Date of Birth: _____

Marital Status: _____

Contact Number: _____

Email address: _____

Paste passport
size photograph

Identity details

Aadhar Enrolment Number: _____

Alternate ID: _____

Communication Details:

House No./Ward No.: _____

Village: _____

City: _____

District: _____

State: _____

Pin Code: _____

Education:

Sl. No.	Qualification	CGPA/ % marks	Board/University	Enrollment Number

Experience

Sl. No.	Qualification	CGPA/ % marks	Board/University	Enrollment Number

Declaration

I do hereby solemnly declare that the information given, the statements made and documents appended with this application form are correct and true to the best of my knowledge and belief. If any information given by me in this application is found to be false or misleading, my candidature is liable to be cancelled and I may be subjected to legal/disciplinary proceedings.

Date: _____

Place: _____

Signature of Applicant