SHER I XYZ INSTITUTE OF MEDICAL SCIENCES, SRINAGAR

ADVERTISEMENT NOTICE NO. : _____ DATE: _____

POST APPLIED FOR: _____ **Form ID**

1.This sheet should not be folded or crushed.
2.Use only blue/ black ball point pen to fill the circles.
3.Use of pencil is strictly prohibited.
4.Circles should be darkened completely and properly.
5.Cutting and erasing on this sheet is not allowed.
6.Do not use any stray marks on the sheet.

WRONG METHODS

CORRECT METHOD

1. Candidate First Name **Middle Name** **Last Name**

2a. DATE OF BIRTH D D M M Y Y **2b. AGE**

3. Gender
Male
Female

4. Marital Status
Married
Single

5. Are you already in Govt.Service
YES
NO

6a. Disability
YES
NO

6b. If YES , Please specify
Hearing
Locomotor
Vision

6c. % of Disability

7a. Do you have any prescribed experience
YES
NO

7b. If YES , Please specify
Year
Months

8. Category
OM
RBA
SC
Sh.C
ALC
ST
OTHER

DATE OF ISSUE

DATE OF RENEWAL

9. PHOTO

10. Matric
Marks Obtained | Maximum Marks | Percentage

11a. 10 + 2 STREAM
SCIENCE (MEDICAL)
SCIENCE (NON-MEDICAL)
COMMERCE
ARTS
OTHER

11b. 10 + 2 MARKS
Marks Obtained | Maximum Marks | Percentage

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