DEEN DAYAL UPADHYAY HOSPITAL GOVT OF NCT OF DELHI HARI NAGAR, NEW DELHI-64

APPLICATION FOR THE POST OF <u>JUNIOR RESIDENTS ON REGULAR BASIS</u>

RELA	XED NORM	AGE EXPERIENCE							
CATEGORY UR OBC SC ST PH									
(Please tick whichever is applicable)									
1.	Name of Appl	icant (in block letters)	<u>:</u>						
2.	Father's / Hus	hand's Name	:						
۷.	rather 3 / rius	balla 3 Naille							
3.	Date of Birth		:						
4.	Residential Address Correspondence :								
5.	Residential Ac	Idress Permanent	:						
6.	(Phone No.)	(Mandatory)	:(M)(R)						
7.	Email ID	(Mandatory)	:						
8.	Date of Completion of Internship :								
9.	_	tion Number with Date of in Delhi Medical Council	:						
10	Academic Ous	alification:							

Exam	Year of Passing	Board/University	Marks	Maximum	Percentage	No. of
Passed/Qualification			Obtained	Marks		Attempts
X						
XII						
MBBS-I Prof.						
MBBS-II Prof.						
MBBS-III (1st Prof.)						
MBBS-III(2 nd Prof.)						

11. Details of Work Experience/Junior Residency(if already done)

	S.No	Hospital/Institution	Post	Duration of Work				
	12 Ad	ditional Information If Any						
	12. Au	ultional information if Ally						
I solemn	ly declare	that the above statement made	e by me are correct	to the best of my				
knowledg	ge and noth	ning has been concealed thereof.	. If any information g	iven above is found				
false/inco	orrect my c	andidature/service will be cancel	led/terminated.					
	Date:	Signature of 0	Candidate					
		<u>UNDERT</u>	'AKING					
	(FOR THE I	POST OF JUNIOR RESIDENTS (MBB		GAR. NEW DELHI64)				
		(Tick correct option & strike of						
	I DrR/oR/o							
	I do hereby solemnly declare that: I have not done Junior Residency at any							
	Gov	t. Hospital/Institution /MCI re	ecognized institution	in India.				
	OR							
	۱ŀ	nave done Junior Residency at (na	ame &address of plac	e)				
	From to							
		rmation given above is found fal						
	New Delhi							
	Dated:			Signature:-				

Name:-