

Application for the post of Junior Resident (MBBS)

1. Name of the Candidate :- _____
2. Father's/Husband Name :- _____
3. Date of Birth :- _____
4. Age as on Interview Date :- _____
5. Postal Address :- _____

6. Permanent Address :- _____
7. _____
8. Category -UR /SC/ST/OBC (OBC of Delhi Only)/ PH:- _____
9. Mobile No :- _____
10. Email address :- _____

Paste your recent passport size photograph

MBBS (Year of passing)					
DMC Registration No.					
Date of Completion of Internship					
College Name					
University Name					
% of marks (Final Year)					
NO. of Attempts	1 st year	2 nd year	3 rd year	4 th year	

11. Experience:.....

I solemnly declare that the above statements made by me are correct to the best of my knowledge and nothing has been concealed thereof.

Further, I do hereby undertake that if above statements found false at any stage in future, my appointment may be cancelled, and I shall be liable for disciplinary action whatever deemed fit.

Place:.....

Date:.....

(Signature of Applicant)

CHECK LIST FOR REGULAR INTERVIEW OF JUNIOR RESIDENT

DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION FORM IS AS UNDER AND FOLLOWING ORDER:

S.NO.	DOCUMENTS	CHECK LIST
1.	APPLICATION FORM	
2.	DOB CERTIFICATE (10 TH CERTIFICATE/MARKSHEET)	
3.	CASTE CERTIFICATE.	
4.	MBBS MARKSHEET AND CERTIFICATE.	
5.	DATE OF INTERNSHIP CERTIFICATE/ATTEMP CERTIFICATE	
6.	DMC REGISTRATION (MBBS)	
7.	AADHAR CARD	