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भारत सरकार / GOVERNMENT OF INDIA
डॉ राम मनोहर लोहिया अस्पताल,
अटल बिहारी वाजपयी आयुर्विज्ञान संस्थान, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL,



ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110001

APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT (NON ACADEMIC) Ad-hoc, June 2022

1. Name (in block letters) _____

2. Father's Name _____

3. Date of Birth _____

4. Permanent Address (in block letters) _____

**Affix recent
Passport size
photograph duly
Self Attested**

_____ State _____ Pin Code _____
5. Correspondence Address (in block letters)

_____ State _____ Pin Code _____

Nationality _____ Mobile: _____ E-mail: _____

6. Aadhar No _____ PAN No. _____

7. Educational Qualification:

Exam Passed	Name of University and place	Year of Passing	Max. Marks	Obtained Marks	Aggregate % in MBBS/NBE
MBBS					

8. Whether SC/ST/OBC/EWS with Documentary evidence (Write in the box):

(Attach a certificate from District Magistrate in support of your claim of reserved categories for age relaxation.

9. If PWD Candidates (Write in the box)

(Attach a PWD Certificate issued by Government Hospital)

10. Date of Internship completion _____

12. Permanent D.M.C Registration No. _____

13. Whether done any Junior Residency (Non- Academic) at RMLH or any Government hospital/Institute,

If so mention the Department/period/subject:

S.NO	Department	From	To	Organization/Institution
1.				

Candidates, who have done 01 Year JR ship, will not be eligible for the post.

DECLARATION

I solemnly declare that the above statements made by me are correct to the best of my knowledge, belief and I shall abide by the rules and regulation of the RMLH. In the event of any information found incorrect my candidature will be liable for rejection summarily.

Check list (Please write in the box (Yes/No) given below as proof of enclosures).

Photocopy of complete MBBS Mark Sheets & NBE result	Photocopy of permanent DMC Registration Certificate	Photocopy of Internship Completion Certificate	Photocopy of Matriculation /DoB Certificate	Photocopy of Caste Certificate if any	All Certificates are Self Attested	Copy of Aadhar Card	Status of Hepatitis B Vaccination

DATE: _____

(SIGNATURE OF THE APPLICANT)

N.B: Please affix the following with the application form:

1. One recent Passport size Photograph. (Space Provided)
2. Self attested Copies of all the Certificates/testimonials.

PLEASE NOTE:

- a) Incomplete applications will be rejected straight way.
- b) If it is found, that the applicant has suppressed any information or given wrong information his/her junior Residency (Non – Academic) will be terminated forthwith without assigning any reason.