APPLICATION & SELF DECLARATION FOR POST OF SENIOR RESIDENT IN THE SPECIALITY OF \_\_\_\_\_\_\_

Ref: File No: E/Med/SR/74/2022 Advt.No. NRCH/SR/2022/03

To,

The Medical Director PASSPORT SIZE

Northern Railway Central Hospital, COLOR PHOTOGRAPH, WITH

Basant Lane , New Delhi NAME & DATE IN FRONT

& SELF ATTESTED

	SSION OF FACTS OR FALSE INFORMATION WILL LEAD TO CANCELLATION	OF
CANDIDATURE)		
1.Name (BLOCK LETTERS)		•
2. D.O.B 3. /	Age on Date of Advt (as Yrs, Months &Days)	_
4. Category-(UR/OBC/SC/ST/EWS) _		
5.Father's Name	MOBILE No	
Father's Name & Address		
Occupation & details of Employment		_
6. Husbands/Wife's Name	MOBILE No	
Husbands/Wife's &Address		
Occupation & details of Employment		
7.APPLICANTS Present Address & Ma	ailing Address (BLOCK LETTERS)	
PIN CODE	g., tuaress (220 cm 22.12.10)	
9. APPLICANTS Permanent Address (R	BLOCK LETTERS)	
3. All EleAlvis i elimanent Address (E	PIN CODE	_
R Means of Communication	with APPLICANT ( Please pay attention & fill in correct deta	ile)•
	E	
1.E.IVIAII AUGIESS (III DEOCK EET TENS).		_
2. Mobile Nos:	3. Landline No (with STD Code)	
C. APPLICANTS IDENTIFICATION	DETAILS: (Sr. No. 1 to 3 are essential)	
•	Date of Issue & validity	
	, <del>, , , , , , , , , , , , , , , , , , </del>	_
2. VOTER I/D No	Date of issue & Validity	
2 ADHAAR CARD No .	Date of issue & Validity	
	Date of issue & validity	
4. PASSPORT No	Date of issue & Validity	_Issuing
Authority		
(PI give a declaration if a Passport	has not been issued till now)	
Signature of Candidate		
•		
Dated :		Contd
Place		Conta

## D. EDUCATIONAL QUALIFICATION & EXPERIENCE DETAILS

## 1. GRADUATION

1	Medical College, University & State	MBBS Exams Passed in Year	Marks obtaind / Total Marks	% Of MARKS	Extra Attempts in each of MBBS	INTERNSHIP COMPLETION
	(F.M.G Foreign Medical Graduates)	1 <sup>st</sup> Prof: 2 <sup>nd</sup> Prof: 3 <sup>rd</sup> prof: 4 <sup>th</sup> Prof: Final Passing Out in Year	/ / / Grand Total Out of NBE MARKS for F.M.G. Marks /Out of	Ist Prof % IInd Prof % 3 <sup>rd</sup> Prof % 4 <sup>th</sup> Prof % Total %(NBE) For F.M.G.	Total No of Attempts :	<u>Institution</u> <u>Dates</u>
2.	Details of Post MBBS/BDS Experience till Today	TYPE OF RESPONSIBILITIES	DATES	TOTAL PERIOD	1. Publications wi 2. CONFERENCES	-

2. POST GRADUATE DEGREE / DIPLOMA- SPECIALITY -.....

3	INSTITUTION, UNIVERSITY & YEAR OF PASSSING	PERIOD OF TRAINING WITH DATES	Subject & Total No. of Attempts	Marks Obtained & %	Details of Publications, Papers Presented During P.G.

3. DETAILS OF Experience afterPost Graduate DEGREE / DIPLOMA till today.

	3. DETAILS OF Experience afterpost Graduate DEGREE / DIPLOMA till today.					
4.	NAME & ADDRESS	TOTAL PERIOD	NATURE OF JOB	1.Details of PUBLICATIONS, PAPERS Presented after PG.		
	OF INSTIUTION	WITH DATES	RESPONSIBILITIES	2. CONFERENCES ATTENDED		
			HELD			

Contd 5

E. REGISTRATION DETAILS			
MEDICAL COUNCIL OF INDIA/STATE MEDICAL COUNCIL	DELHI MEDICAL COUNCIL (proof of having applied for		
	DMC Registration is a	must before	the joining)
MCI&STATE M.C-	DELHI M.C	_	<u> </u>
Regn No:	Regn No:		
Date:	Date:		
REMARKS	REMARKS		
F. Details of Certficates : Copies of Documents duly	self attestedto be submi	tted with applic	ation form ( from
S.No.1 to 20 ):			·
S.No TYPE Of DOCUMENT SUBMITTED	WhetherSubmitted	If NO , Give	Remarks ( By
	(write yes / No)	Reasons	the Scrutinizing
		there for	Official
Date of Birth Certificate			
2. Degree Certificate of MBBS			
3. Internship Completion Certificate			
4. MCI/STATE /DCI Registration Certificate.			
5. DMC, Registration Certificate			
6. Caste Certificate (OBC/SC/ST/EWS) issued by the			
competent authority (as applicable)			
7. POST GRADUATE DEGREE (MCI/DCI recognized only)			
8. POST GRADUATE DIPLOMA Certificate (MCI /DCI			
recognized only)			
9. LETTER of RECOMMENDATION of Good Character			
&Conduct from TWO GAZETTED OFFICERs , on their			
Official Letter Head bearing their Name, Designation,			
SEAL & Contact Details.			
10. Experience Certificate			
11. Conference Certificate  12. Publications & Details			
13. PAN CARD			
14. VOTER ID,			
15. ADHAR CARD			
16. PASSPORT			
17. Proof of Present Address.			
18. Proof of Permanent Address.			
1		1	
<u>F.DECLARATION</u>			
I, Dr. (Mr/Ms.)s/d/o statements made above by me are correct & true to the be		hereby s	olemnly declare that
Further, I do undertake that the above statements, if foun			ent shall be cancelled b
the administration and I shall be liable for punitive / discip	=		
I understand that applying for Registration with Delhi     wadartake to apply for PMC Registration immediately 8 was			
undertake to apply for DMC Registration immediately & w	iii submit the same before	my joining at No	ortnern kaliway , Centra
<ul> <li>Hospital , New Delhi</li> <li>The Decision of the Selection Board will be final. In case o</li> </ul>	f any logal dispute the insid	diction of court	will be Delbi/New Delb
only.	any ican dispute the juris	alction of Court	war be being New Delli

Signature of candidate

(Name: \_\_\_\_\_

Date: \_\_\_\_Month \_\_\_\_\_ Year \_\_\_\_\_

Place:

# **OBC Undertaking**

## Declaration / undertaking - for OBC Candidates only

I,son/daughter of Shri	resident of village/town/city
district	
State hereby declare that I belong to the _	community which is recognised as a
backward class by the Government of India for the purpose	e of reservation in services as per orders contained
in Department of Personnel and Training Office Memorand	um No.36012/22/93- Estt. (SCT), dated 8/9/1993. It
is also declared that I do not belong to persons/sections	s (Creamy Layer) mentioned in Column 3 of the
Schedule to the above re ferred Office Memorandum, date	ed 8/9/1993, which is modified vide Department of
Personnel and Training Office Memorandum No.36033/3/2	2004 Estt.(Res.) dated 9/3/2004.I also declare that
the condition of status/annual income for creamy layer of m	ny parents/guardian is within prescribed limits as on
financial year ending on March 31, 2017.	
Place:	Signature of the Candidate
Date:	

Declaration/undertaking not signed by Candidate will be rejected

## **OBC Certificate Format**

## FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER THE **GOVERNMENT OF INDIA**

#### "This certificate MUST have been issued within one year from date of interview"

This is to cer tify that Shri/Smt./Kum.		Son/Daughter of Shr i/Smt	
of Village/Town		District/Division	in the
	State belongs to the	Community which is	recognized as a backward class under
(i)	Resolution No. 12011/68/93-BCC(C No . 186 dated 13/09/93.	C) dated 10/09/93 published in the Gazette of Inc	lia Extraordinary Part I Section I
(ii) (iii)		10/94 published in the Gazette of India Extraordinary Part I ated 24/05/95 published in the Gazette of India E	
(v) ´ (vi)	Resolution No. 12011/96/94-BCC d Resolution No. 12011/44/96-BCC dated 6/ Resolution No. 12011/13/97-BCC d Resolution No. 12011/99/94-BCC d	12/96 published in the Gazette of India Extraordinary Part I lated 03/12/97.	Section I No. 210 dated 11/12/96.
(ix)		lated 27/10/99. 12/99 published in the Gazette of India Extraordinary Part I lated 04/04/2000 published in the Gazette of Ind	
(xii)	Resolution No. 12011/44/99-BCC d No. 210 dated 21/09/2000. Resolution No. 12016/9/2000-BCC Resolution No. 12011/1/2001-BCC		ia Extraordinary Part I Section I
	Resolution No. 12011/4/2002-BCC Resolution No. 12011/9/2004-BCC No. 210 dated 16/01/2006.	dated 13/01/2004. dated 16/01/2006 published in the Gazette of In	dia Extraordinary Part I Section I
(Creamy	/ Layer) me ntioned in Column 3 of t	and/or his family ordinarily reside(s) in the State. This is also to cer tify that he/she does he Schedule to the Government of India, Depar 8 which is modified vide OM No. 36033/3/2004 E	tment of Personnel & Training O. M.
Dated:			
		District Magi	strate/ DeputyCommissioner, etc.Seal
IOTE:			

#### N

- The ter m 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, (a) 1950.
- The authorities competent to issue Caste Cer tificates are indicated below: (b)
  - District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First C lass Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Ex tra Assistant Commissioner (not below the rank of lst C lass Stipendiary Magistrate).
  - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar and
  - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

## SC/ST Certificate Format

#### FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE

This is to certify that Shri/Smt./Kum.		Son/Daughter of Shri
	of village/Town	in District/ Division of of caste/Tribe, which is recognized as a S chedule
the State/Union Territory	belongs to the	caste/Tribe, which is recognized as a S chedule
Caste/Scheduled Tribe under.		
The Constitution (Scheduled Castes) order, 1950.		
The Constitution (Scheduled Castes) order, 1950.  The Constitution (Scheduled Tribes) order, 1950.		
The Constitution (Scheduled Tribes) order, 1950.		
The Constitution (Scheduled Castes)(Union Territory	) order 1951	
The Constitution (Scheduled Tribes) (Union Territory		
		956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act,
		ation Act, 1971) and the Scheduled Castes and Scheduled Tribes orders
(Amendment) Act, 1976.)		, ,
*The constitution (Jammu & Kashmir) Scheduled	Caste Order, 1956;	
		ded by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act
1976;	, ,	
*The Constitution (Dadra and Nagar Haveli) Sche	duled Castes Order	
1962; *The Constitution (Dadra & Nagar Haveli) S		
1962; *The Constitution (Pondichery) Scheduled (	Castes Order, 1964;	
*The Constitution (Uttar Pradesh) Scheduled Tribe		
*The Constitution (Goa, Daman & Dieu) Scheduled		
1968; *The Constitution (Nagaland) Scheduled Tri		
*The Constitution (Goa, Daman & Dieu) Scheduled		
*The Constitution (Sikkim) Scheduled Castes Ord		
*The Constitution (Sikkim) Scheduled Tribes Orde		
*The Constitution (Scheduled Castes) Orders (Am		
*The Constitution (Scheduled Tribes) Order, (Ame		
*The Constitution (Scheduled Tribes) Order, (Sec		
1991. *The Constitution (Scheduled Tribes) Ordinate	ance, 1996	
This continues is issued on the basis of the C	abadul ad Castaa/Sabadulad Tuli	Contificate insue to
This certificate is issued on the basi s of the S	Father of Shri	of
village/town	in District/Division	ofof the State/UT
who belongs to the	caste/Tribe which is	recognized as a SC/ST in the State/Union Territory
issue	d by the	(name of the prescribed issuing authori ty) vide the
No	dated	recognized as a SC/ST in the State/Union Territory (name of the prescribed issuing authori ty) vide the or Shri and c of District/Division of the State/Union Territory of
his/her family ordinarily reside(s) in Village/To	wn	of District/Division of the State/Union Territory
Dia -		
Place Date		
Date		
		Signature
		Designation
		(Mish Seel of Office)
LIGT OF AUTHORITIES EMPOWERED TO 1991	·-	(With Seal of Office)

# LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:

- Deputy Commissioner/Dy . Collector/ <sup>1st</sup> Class Stipendiary Magistrate/Sub Divisional Magistrate/Extra Assistant Commissioner/ Taluka Magistrate/Executive Magistrate.

  2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

  3. Sub-Divisional Officers of the area where the candidate
- and/or his family normally resides.
- 4. Revenue O fficers not below the rank of Tahsildar.