

I/271326/2023

PASTE LATEST SELF
ATTESTED
PHOTOGRAPH

POST APPLIED	
SPECIALITY	

APPLICATION FOR THE POST OF SENIOR RESIDENT FOR 39 DAYS EXTENDABLE FOR ANOTHER 39 DAYS OR TILL REGULAR SENIOR RESIDENT/GDMO JOINS, WHIHEVER IS EARLIER:

S.NO.	PARTICULARS	DETAILS					
1.	Name in block letters						
2.	Father's/Husband Name						
3.	Date of birth						
4.	Age as on date of interview						
5.	Are you citizen of India by birth and or domicile						
6.	Permanent Address						
7.	Present Residential address						
8.	Contact number & E Mail address (in block letters)						
9.	Gender: Male/Female						
10.	Whether SC/ST/OBC/UR						
11.	Identification mark						
12.	Aadhar No.						
13.	Whether married/unmarried						
14.	Education Qualification with year of passing						
15.	DMC Registration No.						
16.	Experience (if any) Govt./Pvt. Hospital/Institution (in years/month)	S.NO	Name of Hospital	From	To	Total period	Attached certificate Y/N
17.	List of enclosures						

DECLARATION:

I undertake that all the information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date:

(Name & Signature of Candidate)

TO BE FILLED BY OFFICE ONLY

<u>S.NO.</u>	<u>DETAIL OF DOCUMENTS</u>	<u>ENCLOSED (Y/N)</u>	<u>REMARKS</u>
1.	DATE OF BIRTH CERTIFICATE		
2	MBBS DEGREE		
3	MD DEGREE/DIPLOMA		
4	DMC REGISTRATION WITH P.G. QUALIFICATION, IF APPLICABLE		
5	EXPERIENCE CERTIFICATE		
6	CASTE CERTIFICATE (EWS/SC/ST/OBC)		
7	PH CERTIFICATE (IF APPLICABLE)		
8	ANY OTHER INFORMATION		

Check list of enclosure:

1. Date of Birth Certificate (10th passing Certificate)
2. Degree Certificate along with attempt certificate (MBBS)
3. Diploma/PG Certificate along with attempt certificate, if applicable
4. DMC Certificate
5. Experience Certificate, if applicable
6. Caste (SC/ST/OBC/PH) Certificate(latest), if applicable
7. PH CERTIFICATE (If applicable)
8. NOC from previous employer
9. Residential address proof. (Aadhar Card)

UNDERTAKING

*Strike out which is not applicable

1. I hereby undertake that I am not working in any Government Hospital/Institute on the date of interview/I am working in _____ Hospital as _____ from _____ to till date and NOC from _____ is attached.

2. I hereby undertake that following documents are not available with me at the time of Interview and I will submit the same before joining / at the time of joining.
 - a.
 - b.
 - c.
 - d.
 - e.

Name-

Signature-

Date-