

ANNEXURE-1

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) 2023**

1. Name (in block letters) _____

2. Father' Name _____

3. Date of Birth _____

Age as on last date of submission of application _____

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

4. Permanent Address (in block letters)

5. Correspondence Address (in block letters) _____

State _____ Pin Code _____

Telephone No (If any) _____ Mobile: _____ E-mail: _____

6. Nationality _____ Aadhar No _____ PAN No _____

7. Educational Qualification:

Exam Passed	Name of University and place	Year of Passing	Aggregate Marks Obtained In all professional/MBBS Examination	Aggregate %
MBBS				

8. Whether SC/ST/OBC/EWS with Documentary evidence (Write): _____

(Attach a certificate from District Magistrate in support of your claim of reserved categories.)

9. If PWD Candidates (Write): _____

(Attach a PWD Certificate issued by Government Hospital)

10. Date of Internship completion (Between 01.01.2021-10.04.2023) _____

11. Percentage of aggregate marks in all professional Examinations (MBBS): _____

12. Permanent D.M.C Registration No. _____ Dated: _____
 13. Whether done any Junior Residency (Non- Academic) at any Government hospital/Institute,

If so mention the Department/period/subject:

S. NO	Department	From	To	Organization/Institution
1.				
2.				

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. In the event of any information found incorrect my candidature will be liable for rejection summarily.

(SIGNATURE OF THE APPLICANT)

Self attested Copies of all the Certificates/testimonials should be Paginated.

	Photocopy of Final MBBS Mark Sheets	Photocopy of permanent DMC Registration Certificate/Acknowledgement	Photocopy of Internship Completion Certificate	Photocopy of Matriculation Certificate	Photocopy of Caste Certificate if any	Exam. Fee Receipt/UTR No.	Copy of Aadhar Card and PAN Card
Please Mark (X/Tick)							
Page Nos.							

PLEASE NOTE:

Incomplete applications will be rejected straight way.

DATE: _____

(SIGNATURE OF THE APPLICANT)

PLACE: _____
