

# CHECK LIST FOR SR(REGULAR/ADHOC) INTERVIEW

DATE: \_\_\_\_\_

NAME OF DEPARTMENT: \_\_\_\_\_

CANDIDATE'S NAME: \_\_\_\_\_ CATEGORY:- \_\_\_\_\_

EMAIL ID \_\_\_\_\_

## DOCUMENTS TO BE SUBMITTED ALONGWITH APPLICATION FORM IN THE FOLLOWING ORDER

S.NO.	PARTICULARS	✓ / X	REMARKS, IF ANY
1.	Check List		
2.	Application Form		
3.	D.O.B (10 <sup>th</sup> Certificate)		
4.	Caste Certificate		
5.	Sr. Secondary School Certificate(12 <sup>th</sup> Certificate)		
6.	MBBS Marksheets & Degree.		
7.	Post MBBS DMC Registration Certificate		
8.	PG Marksheets & Degree		
9.	Post PG DMC Registration Certificate		
10.	SRship, If Any		
11.	Aadhar Card No.		
12.	Address Proof		

*Signature of the Candidate*

**APPLICATION FOR THE POST OF SENIOR RESIDENT IN THE  
DEPARTMENT OF \_\_\_\_\_ ON REGULAR BASIS**

1. Name of the Candidate:- \_\_\_\_\_

2. Father/Husband's Name:- \_\_\_\_\_

3. Date of Birth:- \_\_\_\_\_

Age in Completed Years & Months on the date of interview:-

\_\_\_\_\_

4. Local Address:- \_\_\_\_\_

\_\_\_\_\_

5. Permanent Address:- \_\_\_\_\_

\_\_\_\_\_

6. Email id:- \_\_\_\_\_

7. Category:- SC/ST/OBC/UR \_\_\_\_\_

8. Valid DMC Registration No. \_\_\_\_\_

9. Academic /Professional Qualification starting from MBBS/Diploma/PG Degree:-

S.No.	Examination	Total Marks Obtained	% of Marks	Board/University	Month & Year of Passing	No. of Attempts

*Signature of the Candidate*

**10. Experience : Whether worked as Senior Resident Earlier, If so, the period thereof and name and Address of the hospital/ institution. Write N.A. if not applicable.**

<b>S.No.</b>	<b>NAME OF EMPLOYER</b>	<b>DESIGNATION</b>	<b>PAY SCALE</b>	<b>NATURE OF DUTIES</b>	<b>PERIOD FROM TO</b>	<b>LAST PAY DRAWN</b>

**11. Any additional information Publication/Research:-**

**DECLARATION:-**

**I SOLEMNLY DECLARE THAT THE ABOVE STATEMENTS MADE BY ME ARE CORRECT TO THE BEST OF MY KNOWLEDGE. IF ANY OF THE ABOVE INFORMATION IS FOUND TO BE FALSE / INCORRECT, MY APPLICATION/SELECTION MAY BE CANCELLED AT ANY TIME AND I WILL BE SOLE RESPONSIBLE FOR THAT.**

**Signature of the Candidate**

**New Delhi**

**Dated:**