



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



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

	Name in Full	:		Affin Labort December
	(In block letters)			Affix Latest Passpor Size Photograph
2.	Sex	:		(Self Attested)
3.	Age & Date of Birth	:		
	Father's Name	:		
5.	Category	:		
	(SC/ST/OBC/EWS/UR)			
6.	Person with Disability (PWD)	:	Yes/No	
7.	Nationality	:		
	Permanent Address (In Block Letters)	•		
9.	Address for Communication (In Block Letters)			
10.	Mobile number	:		
11.	e-mail address	:		
12.	Aadhar No.	:	PAI	N No.:
13.	(a) Educational Qualification (MBBS onwa	rds)	

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Number of Failures	Institute/ College	University	Year of Passing
MBBS Ist year							
2 nd Year							
3 rd Year (Part-I)							
3 rd Year (Part-II)							
TOTAL							

10118

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Day	re-	22	6	2023

MD/MS/ DIPLOMA/ DNB					
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13 (b) Research Papers published (if any): in indexed PUBMED Journal only, give

details & Proof:

14. Details of service done as Senior Resident earlier: Yes/No

Designation	Name of	Duration	Total Period	
	Government Organization	From	To	
Senior Resident				

15. Delhi Medical Council Registration Number for (PG):

Valid up to:

16. Date of PG completion:

17. Status of Hepatitis B vaccination

Yes/No

Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of ABVIMS, Dr. RML Hospital, New Delhi

(Signature of Candidate)

PLEASE TICK

1.	Class 10 th Pass certificate for age proof.	()
2.	Mark Sheet of MBBS (Part I, II and Final Year)	()
3.	MBBS Degree	()
4.	MD/MS/DNB (PG) Attempt Certificate.	()
5.	MD/MS/DNB Degree/Provisional Pass Certificate from University.	()
6.	Delhi Medical Council (DMC) permanent Registration Certificates f	or PG etc. (
)	
7.	Proof of publication/presenting paper in indexed PUBMED Journal	only. ()
8.	Valid Caste/Community/Disability Certificate (if applicable). ()	
Q	NOC from present employer (if employed) ()	

(Signature of Candidate)