

APPLICATION FOR THE POST OF
FULL TIME / PART TIME SUPER SPECIALISTS/ FULL TIME / PART TIME SPECIALIST, SENIOR RESIDENT
(3 YEARS)

1	Name					Please affix recent passport size photo
2	Father's/Husband's name					
3	Date of Birth					
4	Post Applied for					
5	Category GENERAL/SC/ST/OBC/EWS/PWD					
6	Age as on closing date of submitting application					
7	Educational Qualification:-					
	Degree/ Diploma	Year of passing	University	% of Marks		
8	Experience:-					
Sl No	Name of Hospital	Post Held	Period			Total Period (Years & Months)
			From	To		
9	MCI Registration No. _____ Name of Medical Council _____					
10	Present Address					

11	Permanent Address	
12	Contact No & Email ID	
13	Place where presently working	
14	Particulars of DD (No and Date)	

I hereby certify that the particulars given above are true to the best of my knowledge.

I undertake to work as Full Time/ Part Time super Specialist / Full Time/ Part Time Specialist/ Senior Resident in the post applied for.

Signature of the Candidate

Testimonials to be enclosed: -

Demand Draft towards application fee.

Original & Xerox copies of following documents, as applicable: -

- 1) MBBS Degree Certificate.
- 2) MCI Registration Certificate.
- 3) Matriculation certificate in support of Date of Birth.
- 4) PG Degree/Diploma Certificate (Qualification prescribed for the post).
- 5) Experience Certificate
- 6) Caste Certificate and Non creamy layer certificate, if applicable.
- 7) LPC/No Due Certificate from previous employer, if applicable.
- 8) Any other relevant document.