## 113/A/12/11/14/23/MED(INTERVIEWSR-39DAYS)

/647516/2023

POST	
APPLIED	
SPECIALITY	

PASTE LATEST
SELF
ATTESTED
PHOTOGRAPH

## <u>APPLICATION FOR THE POST OF SENIOR RESIDENT FOR 39 DAYS EXTENDABLE FOR ANOTHER</u> <u>39 DAYS OR TILL REGULAR SENIOR RESIDENT/GDMO JOINS, WHICHEVER IS EARLIER.:</u>

15. DMC Registration No.  16. Experience (if any) Govt./Pvt. Hospital/Institution (in years/month)  S.NO Name of Hospital From To Total period Certificat Y/N	S.NO.	PARTICULARS TO THE PARTICULARS	DETA	AILS				
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  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 certificat YN  Attached certificat YN	<u>1.</u>	Name in block letters						
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 period (certificat Y/N)	<u>2.</u>	Father's/Husband Name						
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 certificat Y/N	<u>3.</u>	Date of birth						
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 certificat Y/N	<u>4.</u>	Age as on date of interview						
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 certificat Y/N	<u>5.</u>	Are you citizen of India by						
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 certificat Y/N		birth and or domicile						
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 certificat Y/N	6.	Permanent 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 Certificat Y/N		10 10 10 10 10 10 10 10 10 10 10 10 10 1						
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 Certificat Y/N		es in the second						
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 Certificat Y/N	<u>7.</u>	Present Residential address						
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.  Experience (if any) Govt/Pvt. Hospital/Institution (in years/month)  S.NO Name of Hospital From To Total period certificat Y/N								
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.  Experience (if any) Govt/Pvt. Hospital/Institution (in years/month)  S.NO Name of Hospital From To Total period certificat Y/N								
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.  Experience (if any) Govt/Pvt. Hospital/Institution (in years/month)  S.NO Name of Hospital From To Total period certificat Y/N	8.	Contact number & E Mail						1.075
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 certificat Y/N		address (in block letters)						
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 certificat Y/N	9.	Gender: Male/Female			1 10			
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 certificat Y/N						,		
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 certificat Y/N								15.74.18.11
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 certificat Y/N								
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 certificat Y/N						-		
15. DMC Registration No.						,		
15. DMC Registration No.  16. Experience (if any) Govt./Pvt. Hospital/Institution (in years/month)  S.NO Name of Hospital From To Total period Certificat Y/N	<del>1</del>		1.74					375063133
Experience (if any) Govt./Pvt.   Hospital/Institution (in years/month)   S.NO   Name of Hospital   From   To   Total period   Certificat Y/N     Y/N		year or passing						STATE OF STATE
Experience (if any) Govt./Pvt.   Hospital/Institution (in years/month)   S.NO   Name of Hospital   From   To   Total period   Certificat Y/N     Y/N								
Hospital/Institution (in years/month)  period certificat Y/N	<u>15.</u>	DMC Registration No.						
years/month)  Y/N  Y/N	<u>16.</u>		S.NO	Name of Hospital	From	То		Attached
years/month)  And the second of the second o							period	
A STATE OF THE STA		years/month)						<u> 1/N</u>
A STATE OF THE STA								
A STATE OF THE STA		the third that			4			
A STATE OF THE STA								
A STATE OF THE STA						1777		
A STATE OF THE STA	11-14							
districted termination notes to the second districted termination of the second distr		the state of the s	1		31		# (F)	The distance of
districted termination notes to the second districted termination of the second distr	4 136		77.17.1			1122		1.00
districted termination notes to the second districted termination of the second distr		La contra de la companya de la comp						
Lauredo Santa en Permi Calanya Mantelo sur Lago Lauredo	ATTA VII							
Laured San La ve four La sura Haurelo strillian Land	dafesia		- / 1	j - 180 A (* s)	2500			1711741 123
	Legislage	C Tagas (s. c. mc fone	AMY St.	telangen ler	51.11.1			Leaner des
							L	

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)

## UNDERTAKING

\*Strike out which is not applicable

			_ Hospital as			
	from to till date and NOC from			is attached.		
		and for films, the	21, 241 <b>933</b>	es specie		
2.	of Intervie a.	indertake that following doc ew and I will submit the san				
	b. c.					
	d. e.					
		**				
	Name-					