

**Annexure-II**

**APPLICATION FORM FOR THE POST OF SENIOR RESIDENT (2023) IN THE DEPARTMENT OF \_\_\_\_\_**

1. Name in Full (In block letters):
2. Gender:
3. Age & Date of Birth:
4. Father's Name:
5. Category (SC/ST/OBC/EWS/UR):
6. Person with Disability (PWD) Yes/No
7. Nationality:
8. Permanent Address (In Block Letters):
9. Address for Communication (In Block Letters):

10. Mobile number:
11. E-mail address:
12. Aadhar No. : PAN No.:
13. (a)Educational Qualification (MBBS/BDS onwards)

Name of Examination	Maximum Marks	Marks Obtained	Percentage of Marks	Institute/College	University	Year of Passing
MBBS/BDS 1 <sup>st</sup> year						
2 <sup>nd</sup> Year						
3 <sup>rd</sup> Year (Part-I)						
3 <sup>rd</sup> Year (Part-II)						
MD/ MS/ DIPLOMA/ DNB/MDS						

- 13 (b) Research Papers published (if any), give details & proof:
- 14 Details of service done as Senior Resident earlier: Yes/No

Designation	Name of Government Organization	Duration of Tenure		Total Period
		From	To	
<b>Senior Resident</b>				

15. DMC/DDC Permanent Registration Number:  
 16. Date of PG completion  
 17. Fee payment receipt No.& date

Valid up to:

**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 Lady Hardinge Medical College & Associated Hospitals, New Delhi.**

**Signature of Candidate**

List of enclosures (all self-attested):

Please Tick

1.	Class 10th certificate for age proof.	( )
2.	Mark sheet of MBBS/BDS (for all years)	( )
3.	Internship completion certificate	( )
4.	MBBS/BDS attempt certificate	( )
5.	MBBS/BDS degree	( )
6.	MD/MS/DNB/MDS (PG) attempt certificate	( )
7.	MD/MS/DNB/MDS provisional pass certificate from university	( )
8.	Registration certificates for MBBS, PG/DNB/MDS/DIPLOMA	( )
9.	DMC/DDC registration certificate for PG	( )
10.	Proof of publication/presenting paper.	( )
11.	Caste/community/disability certificate (if applicable)	( )
12.	NOC from present employer (if employed in Govt job)	( )
13.	Copy of fee payment receipt	( )

**Signature of Candidate**

Annexure-I

Government of .....

(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

VALID FOR THE YEAR \_\_\_\_\_

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_ Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her 'family'\*\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
  - II. Residential flat of 1000 sq. ft. and above;
  - III. Residential plot of 100 sq. yards and above in notified municipalities;
  - IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.
2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Passport size  
attested photograph of  
the applicant

\*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

\*\*\*Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

G. Srinivasan

Annexure-III Annexure - III

Payment through Bharat Kosh

