



GOVT. OF NCT OF DELHI
SANJAY GANDHI MEMORIAL HOSPITAL
 MANGOLPURI: DELHI 110 083



Application for the post of Junior Resident (MBBS)

1. Name of the Candidate :- _____
2. Father's/Husband Name :- _____
3. Date of Birth :- _____
4. Age as on Interview Date :- _____
5. Postal Address :- _____

6. Permanent Address :- _____

7. Category -UR /SC/ST/OBC (OBC of Delhi Only)/ PWD:- _____
8. Mobile No :- _____
9. Email address :- _____

Paste your recent passport size photograph

MBBS (Year of passing)				
DMC Registration No. with validity date				
Date of Completion of Internship				
College Name				
University Name				
% of marks (Final Year)				
NO. of Attempts	1 st year	2 nd year	3 rd year	4 th year

10. Experience:.....

I solemnly declare that the above statements made by me are correct to the best of my knowledge and nothing has been concealed thereof.

Further, I do hereby undertake that if above statements found false at any stage in future, my appointment may be cancelled, and I shall be liable for disciplinary action whatever deemed fit.

Place:.....

Date:.....

(Signature of Applicant)



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CHECK LIST FOR REGULAR INTERVIEW OF JUNIOR RESIDENT

DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION FORM IS AS UNDER AND FOLLOWING ORDER:

S.NO.	DOCUMENTS	CHECK LIST
1	APPLICATION FORM	
2.	DOB CERTIFICATE (10 TH CERTIFICATE/MARKSHEET)	
3.	CASTE CERTIFICATE	
4.	MBBS MARKSHEET AND CERTIFICATE	
5.	DATE OF COMPLETION OF INTERNSHIP CERTIFICATE	
6.	DMC REGISTRATION (MBBS)	
7.	ATTEMPT CERTIFICATE	
8	AADHAR CARD	