

CHECK LIST FOR JR (REGULAR) INTERVIEW

CANDIDATE'S NAME: _____ CATEGORY:- _____

EMAIL ID _____

DOCUMENTS TO BE SUBMITTED ALONGWITH APPLICATION FORM IN THE FOLLOWING ORDER ONLY

S.NO.	PARTICULARS		REMARKS
1	CHECK LIST		
2	APPLICATION FORM		
3	DOB CERTIFICATE(10 th CERTIFICATE/MARKSHEET)		
4	SR. SECONDARY SCHOOL MARKSHEET / CERTIFICATE		
5	CASTE CERTIFICATE		
6	MBBS DEGREE & MARKSHEET(ALL YEAR)		
7	DATE OF INTERNSHIP/FMG EXAM PASSED		
8	DMC REGISTRATION(MBBS)		
9	JR SHIP IF ANY(Mention no if not done)		
10	AADHAR CARD NO.		
11	ADDRESS PROOF		

Signature of the Candidate

**DEEN DAYAL UPADHYAY HOSPITAL
GOVT OF NCT OF DELHI
HARI NAGAR, NEW DELHI-64**

APPLICATION FOR THE POST OF JUNIOR RESIDENTSON REGULAR BASIS

RELAXED NORM	AGE	EXPERIENCE
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CATEGORY	UR	OBC	SC	ST	PH
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(Please tick whichever is applicable)

1. Name of Applicant **(in block letters)** :.....
2. Father's / Husband's Name :.....
3. Date of Birth :.....
4. Residential Address Correspondence:
5. Residential Address Permanent :.....
6. Phone No. :.....
7. **E mail ID (Mandatory)** :.....
8. Date of Completion of Internship :.....
9. DMC Registration Number with Date of Registration in Delhi Medical Council :.....
10. Academic Qualification:

Exam Passed/Qualification	Year of Passing	Board/University	Marks Obtained	Maximum Marks	Percentage	No. of Attempts
X						
XII						
MBBS-I Prof.						
MBBS-II Prof.						
MBBS-III (1 st Prof.)						
MBBS-III(2 nd Prof.)						

Signature of the Candidate

11. Details of Work Experience/Junior Residency(if already done)

S.No	Hospital/Institution	Post	Duration of Work

12. Additional Information If Any

.....

I solemnly declare that the above statement made by me are correct to the best of my knowledge and nothing has been concealed thereof. If any information given above is found false/incorrect my candidature/service will be cancelled/ terminated.

Date:.....

Signature of Candidate.....

UNDERTAKING

(FOR THE POST OF JUNIOR RESIDENTS (MBBS) IN DDUH, HARI NAGAR, NEW DELHI64)

(Tick correct option & strike off whichever is not applicable)

I Dr..... S/o/W/o/D/.....R/o.....

.....

I do hereby solemnly declare that :I have not done Junior Residency at any Govt. Hospital/Institution /MCI recognized institution in India.

OR

I have done Junior Residency at (name & address of place).....

From..... to.....

If the information given above is found false/incorrect my candidature/service may be terminated and action as per rules/laws may be initiated.

New Delhi

Dated:

Signature:-

Name:-