



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



**Application for the post of Senior Resident**

11. Name of the Candidate :- \_\_\_\_\_
12. Father's/Husband Name :- \_\_\_\_\_
13. Date of Birth :- \_\_\_\_\_
14. Age as on Interview Date :- \_\_\_\_\_
15. Postal Address :- \_\_\_\_\_  
\_\_\_\_\_
16. Permanent Address :- \_\_\_\_\_  
\_\_\_\_\_
17. Category -UR /SC/ST/OBC (OBC of Delhi Only)/EWS/ PWD:- \_\_\_\_\_
18. Mobile No :- \_\_\_\_\_
19. Email address :- \_\_\_\_\_

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MBBS (Year of passing)				
DMC Registration No.				
Date of Completion of Internship				
College Name				
University Name				
% of marks (Final Year)				
NO. of Attempts	1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	4 <sup>th</sup> year
Post Graduate Qualification/(Degree/Diploma)				
No. of Attempts in PG				

20. 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 AD-HOC INTERVIEW OF SENIOR RESIDENT**

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

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

Place:.....

Date:.....

(Signature of Applicant)