

**RAJIV GANDHI SUPER SPECIALITY HOSPITAL  
TAHIRPUR, DELHI -110093**

**Tel. No. : 011-22890600, 011-22890601 □ Website : [www.rgssh.co.in](http://www.rgssh.co.in)**

**APPLICATION FORM**

**(Application form must be filled in Block letter only)**

**Post applied:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

1. Name (in Block Letter): \_\_\_\_\_

2. Father's/Husband's Name: \_\_\_\_\_

3. D.O.B. (DD/MM/YYYY): \_\_\_\_\_

4. Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
(As on last date of receipt of Application/ Interview)

5. Whether SC/ST/OBC: \_\_\_\_\_

6. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

7. Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_

8. Mobile No. : \_\_\_\_\_ Alternate No.: \_\_\_\_\_

9. Email address: \_\_\_\_\_

10. Educational Qualification (Starting from matriculation Examination onwards):

**Passport size  
photograph of  
candidate  
duly signed  
by self**

Degree/ Exam	University/Board	Speciality	Year of Passing	Max Marks	Marks Scored	Number of Attempts
X <sup>th</sup> /10 <sup>th</sup>						
XII <sup>th</sup> /12 <sup>th</sup>						
MBBS 1 <sup>st</sup> Professional						
MBBS 2 <sup>nd</sup> Professional						
MBBS 3 <sup>rd</sup> Professional (Part I)						
MBBS Final Professional (Part II)						
FMCG/ Exist Exam Score**						
MS/MD						
DNB						
DM/MCh (If available)						

Any other							

\* Applicants are instructed to enclosed mark sheets of all attempts (Pass/Fail)  
 \*\* If applicable

11. Details of Experience (if any)

Name of institute	Designation	From	To	Total Experience

**DECLARATION**

I hereby solemnly declare and affirm that statements made in this application are true, complete, correct to the best of my knowledge and belief. I understand that in the event of any information/facts being found untrue/false/incorrect my candidature is liable to be cancelled/terminated besides taking any other action deemed fit in this regard. I will have no claim for absorption after termination/completion of contract period of tenure. I shall abide by the terms and conditions as prescribed.

Place:  
Date:

\_\_\_\_\_  
Signature of Candidate  
\_\_\_\_\_  
Name of Candidate

**CHECK LIST**

S.No.	Documents	Attached (Tick)
1.	10 <sup>th</sup> Mark Sheet/ Certificate	
2.	12 <sup>th</sup> Mark Sheet/ Certificate	
3.	M.B.B.S Mark Sheets (01 <sup>st</sup> to Final Professional)	
4.	MS/MD Marks Sheets/ Certificate	
5.	DNB Marks Sheets/ Certificate	
6.	DM/MCh Marks Sheets/ Certificate (If available)	
7.	Internship completion certificate	
8.	DMC Registration	
9.	Copy of the Photo Identity Card issued by GOI or Any Govt. Institute	
10.	FMGE Mark Sheet (If applicable)	
11.	Previous Experiences (If applicable)	
12.	Category Certificate (If applicable)	

All documents to be submitted must be self-attested.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_