

APPLICATION FOR THE POST OF NON PG JUNIOR OR SENIOR RESIDENT (To be filled in BLOCK LETTERS only)

1. Name of Post applied for: **Non PG Junior Resident / Senior Resident**
2. Full Name : _____
3. Father's/Husband's Name: _____
4. Correspondence Address: _____
 _____ PIN Code: _____

Paste latest
passport size
photograph duly
self attested

5. Permanent Address: _____
 _____ PIN Code: _____

6. Mobile No.: _____ Alternate Mobile No: _____

7. Email ID:- _____

8. Date of Birth (as per Matriculation / 10th Certificate or Marks Card): ____/____/____

9. Educational Qualification: **(Attested Copies of the certificates to be enclosed):**

Sl. No.	Exam	Year of Passing	Board/University	% of marks	No. of Attempts

10. Whether belongs to SC/ST/OBC (if yes, copy of certificate to be Enclosed): _____

11. Medical Council Registration No: _____

12. Whether worked as Senior/Junior Resident on adhoc/regular basis:

Name of the Institution	Worked As SR/JR ?	Period of appointment		Speciality in which worked ?
		From	To	

13. Date of completion of MBBS Internship:- _____

14. Date of Passing of MD / MS / DNB / MBBS (as on Degree Certificate): _____

15. Details of the Payment:-

Transaction Reference No.	Date of Payment	Amount (in Figures)

16. List of Enclosures to be attached with Application Form: (Original Certificates/ Documents to be produced at the date of interview) :

- a. Curriculum Vitae / Resume with recent Passport Size Photograph affixed
- b. DOB / Proof of Age (*Matriculation / 10th Certificate*)
- c. MBBS Marks Cards of all semesters/years
- d. MBBS Attempt Certificate
- e. MBBS Internship Completion Certificate
- f. MBBS Degree Certificate
- g. Caste Certificate (*if applicable*)
- h. MD / MS / DNB Degree Certificate (*if applicable*)
- i. MD / MS / Marks Cards (*if applicable*)
- j. MD / MS Attempt Certificate (*if applicable*)
- k. Medical Council Registration Certificate
- l. Any testimonials /documents pertaining to qualification other than those mentioned above
- m. Experience Certificate / NOC from the present employer (*if applicable*)
- n. Payment Receipt

I hereby solemnly declare and affirm that the above statements made by me are correct and complete to the best of my knowledge and belief. I understand that in the event of any information/fact being found untrue/false/incorrect my candidature is liable to be cancelled /terminated besides taking any other action deemed fit in this regard. I have / haven't done my Senior Residency earlier, as mentioned above in col. 12. I shall abide by the terms and conditions of National Institute of Mental Health and Neurosciences, Bengaluru, as prescribed.

Date: _____

Place: _____

Signature of the Candidate