

APPLICATION FOR THE POST OF SENIOR/JUNIOR RESIDENT

Paste your latest
passport size
photograph duly
self attested.

1. NAME OF THE SPECIALITY APPLIED FOR _____
2. Name (In Block Letters) _____
3. Father's/Husband's Name _____
4. Correspondence Address (In Block Letters) _____

5. Permanent Address :

6. Mobile No/Local Tel No. : _____
7. Date of Birth (Proof to be enclosed) : _____
8. Educational Qualification (Attested copies to be enclosed)

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

9. Whether belongs to SC/ST/OBC (Copy of certificates to be enclosed): _____

10. Registration No. : _____

11. Whether worked as Senior/Junior Resident on Adhoc/regular basis :

Name of the Institution	Worked as	Period of Appointment		Specialty in which worked
		From	To	

12. Date of Passing of MD/MS/MBBS : _____

13. Date of completion of Internship only for Junior Residents (attach Photocopy): _____

14. Email id: _____

15. Details of Payment:

Challan No.	Date of Payment	Amount

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 his regard. I shall abide by the terms and conditions as prescribed. I have/haven't done my Senior Residency earlier, as mentioned above Col. 11.

Date: _____

Place: _____

Details of Enclosures:

Name & Signature of the Candidate