

APPLICATION FORMAT FOR THE POST OF SENIOR RESIDENT

1. Name of the candidate (In Block Letters) :
2. Father's / Husband's Name :
3. Date of Birth :
4. Age as on :
5. Category (UR / SC / ST / OBC / PH)
6. Correspondence Address with Telephone no. :
7. Permanent Address :
8. E-mail ID :
9. Valid Delhi Medical Council / Delhi Council Regn. No. and date.
10. Date of completion of Internship.

Paste your recent
passport size
photograph here

11. Academic Qualification (MBBS Onwards) : Enclose attested photocopies of all Mark sheets & certificates

Exam passed	Year of passing	Board / University	Marks in %	No. of Attempts

12. Detail of work experience : Enclose attested photocopies of Experience certificates

Address of the Organization and Designation	From	To

Declaration : I solemnly declare that the above statements made by me, are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall liable to be rejected without any notice.

Date:

(SIGNATURE OF THE CANDIDATE)

Name : _____

Mobile No : _____

E-mail ID _____

List of Encl:

1. Date of Birth (Class – Xth Certificate)
2. DMC / Registration Certificate
3. Internship completion certificate
4. SC/ST/OBC/PH/EWS Certificate issued by the competent authority (if applicable)
5. MBBS Certificate
6. MD/MS/DNB/PG Diploma certificate (for SRs only)
7. MBBS Mark sheets
8. MD/MS/DNB/PG Diploma mark sheets.
9. Attempt certificates copies of any other relevant documents