BHABHA ATOMIC RESEARCH CENTRE

Application No._____

MEDICAL DIVISION

APPLICATION FOR THE POST OF

SPECIALITY

PHOTO

POST GRADUATE RESIDENT MEDICAL OFFICER

1. Name in full beginning with   : Dr.(Smt./Kum)_____
    Surname (in block letters)
    _____

2. Nationality   : _____

3. Marital Status   : <u>Married / Single / Widower / Widow</u>

4. Age & Date of Birth (in Christian era) : _____
    _____

5. Address in block letters   : _____
    (a) for correspondence with PIN code:
             : _____

             : _____

    Telephone/Mobile No.   : _____

    Email ID   : _____

    (b) Permanent Address   : _____

    _____

    _____

6. Whether the applicants belongs   : _____
    To SC/ST (if yes, please state SC
    or ST & Name of sub-caste)   _____

7. Educational and Professional Qualification from SSC onwards:-

Sr. No.	Examination passed	University/Board/ Institution	Year of passing	Subjects	Class & % of marks
1.	SSC				
2.	HSC				
3.	MBBS				
4.	MD/MS/DNB				

8. Experience & Academic achievement publications and Conference attended (Particulars of All previous and present employment are to be furnished)

Experience in concerned speciality & No. of years	Academic achievement/publication and Conference attended

9. Details of Internship – Name of Hospital: _____

   Period of Internship: From_____ To _____

   Registration No. & Date: _____

10. Name & address of 2 persons to whom a reference can be made regarding your Professional competence

11. Details of relatives employed in D.A.E. or its Constituent Units:-

Sr. No.	Name of Relative	Relationship	Unit in which employed	Post held

12. Any other information you may wish to add:

12. List of attested documents attached (Put [X] in the applicable box).

   a) School Leaving Certificate (for Date of Birth)   [   ]

   b) Mark sheets of Educational & Professional Qualification   [   ]

   c) Passing Certificate   [   ]

   d) Experience certificate   [   ]

   e) MMC/MNC/MPC/DCI/IPA Registration Certificate   [   ]

   f) SC/ST certificate   [   ]

BHABHA ATOMIC RESEARCH CENTRE
MEDICAL DIVISION

APPLICATION FOR THE POST OF

JRD/SRD(NON-DNB)

1. Name in full beginning with   : Dr.(Smt./Kum)
   Surname (in block letters)

   _____

2. Nationality   : _____

3. Marital Status   : <u>Married / Single / Widower / Widow</u>

4. Age & Date of Birth (in Christian era) : _____

   _____

5. Address in block letters   : _____
   (a) for correspondence

                                   : _____

   Telephone/Mobile No.   : _____

   Email ID   : _____

   (b) Permanent Address   : _____

   _____

6. Whether the applicants belongs
   to SC/ST (if yes, please state SC
   or ST & Name of sub-caste)   _____

7. **Educational and Professional Qualification from SSC onwards:-**

Sr. No.	Examination passed	University/ Board/ Institution	Year of passing	Subjects	Class & % of marks
1.	SSC				
2.	HSC				
3.	MBBS				

8. **Experience & Academic achievement publications and Conference attended (Particulars of All previous and present employment are to be furnished)**

Experience in concerned specialty & No. of years	Academic achievement/publication and Conference attended

9. Details of Internship – Name of Hospital: _____

   Period of Internship: From_____To _____

   Registration No. & Date: _____

10. **Name & address of 2 persons to whom a reference can be made regarding your Professional competence**

11. **Details of relatives employed in D.A.E. or its Constituent Units:-**

Sr. No.	Name of Relative	Relationship	Unit in which employed	Post held

12. **Any other information you may wish to add:-**

12. **List of attested documents attached (Put [X] in the applicable box).**

   a) School Leaving Certificate (for Date of Birth)   [   ]

   b) Mark sheets of Educational & Professional Qualification   [   ]

   c) Passing Certificate   [   ]

   d) Experience certificate   [   ]

   e) MMC Registration Certificate   [   ]

   f) SC/ST certificate   [   ]

   g) Physically handicap   [   ]

APPLICATION FOR THE POST OF

RESIDENT MEDICAL OFFICER | **CASUALTY**

1. Name in full beginning with   : Dr.(Smt./Kum)
   Surname (in block letters)

   _____

2. Nationality   : _____

3. Marital Status   : <u>Married / Single / Widower / Widow</u>

4. Age & Date of Birth (in Christian era) : _____

   _____

5. Address in block letters   : _____
   (a) for correspondence
                                       : _____

   Telephone/Mobile No.   : _____

   Email ID   : _____

   (b) Permanent Address   : _____

   _____

6. Whether the applicants belongs
   to SC/ST (if yes, please state SC
   or ST & Name of sub-caste)   _____

7. **Educational and Professional Qualification from SSC onwards:-**

Sr. No.	Examination passed	University/ Board/ Institution	Year of passing	Subjects	Class & % of marks
1.	SSC				
2.	HSC				
3.	MBBS				

8. **Experience & Academic achievement publications and Conference attended (Particulars of All previous and present employment are to be furnished)**

Experience in concerned specialty & No. of years	Academic achievement/publication and Conference attended

9. Details of Internship – Name of Hospital: _____

   Period of Internship: From_____To _____

   Registration No. & Date: _____

10. **Name & address of 2 persons to whom a reference can be made regarding your Professional competence**

11. **Details of relatives employed in D.A.E. or its Constituent Units:-**

Sr. No.	Name of Relative	Relationship	Unit in which employed	Post held

12. **Any other information you may wish to add:-**

12. **List of attested documents attached (Put [X] in the applicable box).**

   a) School Leaving Certificate (for Date of Birth)   [   ]

   b) Mark sheets of Educational & Professional Qualification   [   ]

   c) Passing Certificate   [   ]

   d) Experience certificate   [   ]

   e) MMC Registration Certificate   [   ]

   f) SC/ST certificate   [   ]

   g) Physically handicap   [   ]