



### APPLICATION FORM

Department & Post Applied for : \_\_\_\_\_

1. Name (in Block Letter) : \_\_\_\_\_
2. Father's/ Husband's Name : \_\_\_\_\_
3. D.O.B.: \_\_\_\_\_
4. Gender (Please Tick): Male \_\_\_\_\_ Female \_\_\_\_\_ Others \_\_\_\_\_
5. Age in Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ (As on the date of interview)
6. Nationality : \_\_\_\_\_
7. Aadhar No.: \_\_\_\_\_
8. Passport/Voter ID No. (Please specify) : \_\_\_\_\_
9. Whether SC/ST/OBC(Delhi)/DIVYANG : \_\_\_\_\_
10. Address (Permanent) : \_\_\_\_\_  
\_\_\_\_\_
11. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_
12. Mobile No. : \_\_\_\_\_
13. Email address : \_\_\_\_\_
14. Current Registration No. with DMC/ Applied case I.D. No. with date : \_\_\_\_\_
15. Educational Qualification :

Paste recent self  
Attested Passport  
size photograph of  
candidate

Name of Examination	% & Division of Marks	Board/ University	Month & Year of Passing	No. of Attempts
MBBS				
MD/ DNB/ DIPLOMA (Subject _____)				
Any Other Qualification				

17. Details of Experience (if any)

Residency	Name & Address of the Institute/ Hospital	Period of Residency	
		Adhoc Basis From/ To	Regular Basis From/ To
Junior Resident			
Senior Resident			

18. Whether any Leave encashment have been taken during the residency period as above: (Yes/ No)

If yes, No. of days \_\_\_\_\_ & period of Leave encashment \_\_\_\_\_

19. Any other information you wish to submit : \_\_\_\_\_

**DECLARATION**

1. I hereby solemnly declare and affirm that statements made in this application are true, complete and 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 shall have no claim for absorption after termination/ completion of contract period of tenure. I shall abide by the terms and conditions as prescribed.

2. **For Govt. Employees :** I have also informed my Head of Office/ Department in writing that I am applying for this post and shall produce "No Objection" Certificate at the time of the Interview.

Date:

Place:

**(NAME AND SIGNATURE OF THE APPLICANT)**