

CHECK LIST FOR SR(REGULAR/ADHOC) INTERVIEW

DATE: _____

NAME OF DEPARTMENT: _____

CANDIDATE'S NAME: _____ CATEGORY:- _____

EMAIL ID & MOBILE NO. _____

DOCUMENTS TO BE SUBMITTED ALONGWITH APPLICATION FORM IN THE FOLLOWING ORDER

S.NO.	PARTICULARS	✓ / X	REMARKS, IF ANY
1.	Check List		
2.	Application Form		
3.	D.O.B (10 th Certificate)		
4.	Caste Certificate		
5.	Sr. Secondary School Certificate(12 th Certificate)		
6.	MBBS Marksheets & Degree.		
7.	Post MBBS DMC Registration Certificate		
8.	PG Marksheets & Degree		
9.	Post PG DMC Registration Certificate		
10.	SRship, If Any		
11.	Aadhar Card No.		
12.	Address Proof		

Signature of the Candidate

**APPLICATION FOR THE POST OF SENIOR RESIDENT IN THE
DEPARTMENT OF _____ ON REGULAR BASIS**

1. Name of the Candidate:- _____

2. Father/Husband's Name:- _____

3. Date of Birth:- _____

Age in Completed Years & Months on the date of interview:-

4. Local Address:- _____

5. Permanent Address:- _____

6. Email id:- _____ Mb.No.:- _____

7. Category:- SC/ST/OBC/UR _____

8. Valid DMC Registration No. _____

9. Academic /Professional Qualification starting from MBBS/Diploma/PG Degree:-

S.No.	Examination	Total Marks Obtained	% of Marks	Board/University	Month & Year of Passing	No. of Attempts

Signature of the Candidate

10. Experience : Whether worked as Senior Resident Earlier, If so, the period thereof and name and Address of the hospital/ institution. Write N.A. if not applicable.

S.No.	NAME OF EMPLOYER	DESIGNATION	PAY SCALE	NATURE OF DUTIES	PERIOD FROM TO	LAST PAY DRAWN

11. Any additional information Publication/Research:-

DECLARATION:-

I SOLEMNLY DECLARE THAT THE ABOVE STATEMENTS MADE BY ME ARE CORRECT TO THE BEST OF MY KNOWLEDGE. IF ANY OF THE ABOVE INFORMATION IS FOUND TO BE FALSE / INCORRECT, MY APPLICATION/SELECTION MAY BE CANCELLED AT ANY TIME AND I WILL BE SOLE RESPONSIBLE FOR THAT.

Signature of the Candidate

New Delhi

Dated: