

APPLICATION FORM FOR THE POST OF SENIOR RESIDENT

SPECIALITY : _____

Category

PHOTOGRAPH

UR	SC	ST	OBC	P.H.	Ex-serviceman

(Tick Mark whichever is applicable)

1. Name of the Candidate (in BLOCK LETTERS) _____
2. Father's Name/Husband's Name _____
3. Date of Birth _____ Age as on 31/05/18 _____
4. Postal Address _____
5. Permanent Address _____
6. Contact No. _____
7. Nationality _____
8. Valid DMC Registration Number _____
9. Date of Completion of Internship _____
10. Academic Qualification _____

Qualification	Subjects	Year of Passing	University/ Institution	No. of attempts	Experience as SR/ JR, if any
MBBS					
MD/MS/DNB					
DIPLOMA					

11. E-Mail address _____

Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief.

Signature of Candidate

Note: 1. Selected candidates shall be allowed to join within 7 days of the issue of Offer letter failing which the offer shall stand automatically cancelled.

2. Documents (Self attested Photocopies) to be enclosed :
 - (a). Date of Birth Certificate (X th Class)
 - (b). DMC Registration certificate
 - (c). Educational qualifications with Mark sheets of all Years
 - (d). Internship completion certificate
 - (e). Attempt Certificate
 - (f). Degree/Diploma Certificate are to be attached.
 - (g). Caste certificate
 - (h). Physically handicapped certificate (if applicable)
 - (i). Experience certificate, if any.
 - (j). Address proof.