

**APPLICATION FOR THE POST OF**  
**FULL TIME / PART TIME SUPER SPECIALISTS/ FULL TIME / PART TIME SPECIALIST,**  
**SENIOR RESIDENT (3 Year/ 1 Year )**

|       |  |                 |            |            |                                  |   |
|-------|--|-----------------|------------|------------|----------------------------------|---|
| 1     | Name   |                 |            |            |                                  | Please affix<br>recent passport<br>size photo |
| 2     | Father's/Husband's name                                  |                 |            |            |                                  |   |
| 3     | Date of Birth  |                 |            |            |                                  |   |
| 4     | Post Applied for   |                 |            |            |                                  |   |
| 5     | Category<br>UR/SC/ST/OBC/EWS/PWD                         |                 |            |            |                                  |   |
| 6     | Age as on date of Interview                              |                 |            |            |                                  |   |
| 7     | Educational Qualification:-                              |                 |            |            |                                  |   |
|       | Degree/<br>Diploma                                       | Year of passing | University | % of Marks |                                  |   |
|       |  |                 |            |            |                                  |   |
| 8     | Experience:-   |                 |            |            |                                  |   |
| Sl No | Name of Hospital   | Post Held       | Period     |            |                                  |   |
|       |  |                 | From       | To         | Total Period (Years<br>& Months) |   |
|       |  |                 |            |            |                                  |   |
|       |  |                 |            |            |                                  |   |
|       |  |                 |            |            |                                  |   |
|       |  |                 |            |            |                                  |   |
| 9     | MCI Registration No. _____ Name of Medical Council _____ |                 |            |            |                                  |   |
| 10    | Present Address  |                 |            |            |                                  |   |
| 11    | Permanent Address  |                 |            |            |                                  |   |

|    |                                 |  |
|----|---------------------------------|--|
|    |                                 |  |
| 12 | Contact No & Email ID           |  |
| 13 | Place where presently working   |  |
| 14 | Particulars of DD (No and Date) |  |

I hereby certify that the particulars given above are true to the best of my knowledge.

I undertake to work as Full Time/ Part Time super Specialist / Full Time/ Part Time Specialist/ Senior Resident/ to the post applied for.

Signature of the Candidate

Testimonials to be enclosed: -

Demand Draft towards application fee.

Original & Xerox copies of following documents, as applicable: -

- 1) MBBS Degree Certificate.
- 2) MCI Registration Certificate.
- 3) Matriculation certificate in support of Date of Birth.
- 4) PG Degree/Diploma Certificate (Qualification prescribed for the post).
- 5) Experience Certificate
- 6) Caste Certificate and Non creamy layer certificate, if applicable.
- 7) LPC/No Due Certificate from previous employer, if applicable.
- 8) Any other relevant document.