

# ANNEXURE-I

## APPLICATION FORM FOR THE POST OF SENIOR RESIDENT

1. Name (In Block Letters) \_\_\_\_\_

2. Father's/Husband's Name \_\_\_\_\_

3. Correspondence Address (In Block Letters) \_\_\_\_\_  
\_\_\_\_\_

Paste your  
latest passport  
size  
photograph  
duly self  
attested

4. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

5. Mobile No. / Local Tel No. (Mandatory): \_\_\_\_\_

6. Date of Birth (Proof to be enclosed): \_\_\_\_\_

7. Present Age (as on Interview date): \_\_\_\_\_

8. Educational Qualification: (Attested Copies of the certificates to be enclosed):-

S.No:	Exam Passed	Year	Board/University	% of marks	No. of Attempts
1.					
2.					
3.					
4.					
5.					

09. Whether belongs to SC/ST/OBC (copy of certificates to be enclosed): \_\_\_\_\_

10. Delhi Medical Council Registration No: \_\_\_\_\_

11. Whether worked as Senior Resident on Adhoc/Regular basis:

Name of the Institution	Worked as	Period of appointment		Specialty in which worked
		From	To	

12. Date of Passing of  
M.D/M.S/M.B.B.S. \_\_\_\_\_

13. Details of Publications: - \_\_\_\_\_

14. Conference attended: - \_\_\_\_\_

15. Email address: - \_\_\_\_\_

16. Details of the Demand Draft: - \_\_\_\_\_

Demand Draft/TR-V No.	Date Of Issue	Name of the Issuing Bank

(Note:-Candidate must write his/her Name applied for on the reverse side of the demand draft/TR V.)

I hereby solemnly declare and affirm that the above statements made by me are correct and complete to the best of my knowledge and belief. I understand that in the event of any information/fact 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 abide by the terms and conditions as prescribed. I have / haven't done my Senior Resident Residency earlier, as mentioned above in col. 11.

Date \_\_\_\_\_  
Place \_\_\_\_\_

Details of Enclosures: \_\_\_\_\_

Name:- \_\_\_\_\_

Signature of the Candidate:- \_\_\_\_\_