



**JANAKPURI SUPER SPECIALITY HOSPITAL SOCIETY
(AN AUTONOMOUS INSTITUTE)
UNDER GOVT. OF NCT OF DELHI
C-2B, JANAKPURI, NEW DELHI - 110058**

Website: www.jsshs.org / Website: www.health.delhigovt.nic.in
Email: janakpurijssh@yahoo.com Contact us: 011-28504100

APPLICATION FORM FOR CONSULTANT

Affix a passport
size photograph

Advt. No.:- _____

1. Application for the Post of: _____

2. Name of the Applicant _____

Details of Demand Draft/Online Payment		Tick the Applicable Category
DD No/Transaction ID No.:		UR / SC / ST / OBC(Delhi)
Amount:		(Enclose proof of Caste Certificate issued by Competent Authority)
Dated:		
Name of the Bank:		

3. Father's/Mother's Name : _____

4. Spouse Name : _____

5. Date of Birth : _____

6. Age as on 24.04.2020:

Years	Months	Days
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7. Present Address: - _____

Telephone/ Mobile No. _____ E-mail: _____

8. Permanent Address: - _____

Telephone/ Mobile No. _____ E-mail: _____

9. Nationality: _____

10. Permanent MCI / State Medical Council Registration No. & Place of Registration:

MBBS:

MD/MS/DNB:

DM/M.Ch/DNB: State Medical Council Registration No:

11. Details of Educational Qualifications:

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Month/Year of Passing	College & University

12. **Experience:** Experience certificate (to be attached) issued by the competent authority clearly indicating dates (from and to) **stating the nature of the job** and required details. (Particulars of Employments held should be given in chronological order):

SI. No.	Name of the Employer and Address	Post Held	From	To	Nature of work performed or being performed

(Use separate sheet if space is inadequate)

13. Are you being considered for any appointment elsewhere? If so please give details:

14. If selected, the period required to join the post: _____

15. Any other information you wish to add:

16. Check List: (Please tick in the box given below **as proof of enclosures**. All Certificates must be self-attested and be attached in the following order :

- | | |
|--|--------------------------|
| (i) Certificate in support of age (10 th) | <input type="checkbox"/> |
| (ii) Mark Sheets of Degree/Diploma. | <input type="checkbox"/> |
| (iii) DMC certificate (for Medical Professionals). | <input type="checkbox"/> |
| (iv) Registration with Medical / Nursing Council. | <input type="checkbox"/> |
| (v) SC/ST/OBC (Delhi) certificate in prescribed format of Govt. of India | <input type="checkbox"/> |
| (vi) Experience Certificate(s). | <input type="checkbox"/> |
| (vii) No Objection Certificate (if the candidate is already in Service). | <input type="checkbox"/> |

DECLARATION

1. I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.
2. I have 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.

Place:

Date:

(Signature of the Applicant)

Candidate Full Name: