



**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

Affix a passport
size photograph

Advt. No.: -F.1(36)/JSSHS/Estt./SR's/2015/

Dated

1. Application for the Post of: Senior Resident (Name of Department)

2. Name of the Applicant _____

Details of Online Payment		Tick the Applicable Category
Transaction ID No. / Serial No.		UR / EWS / SC / ST / OBC (Delhi Only) / PWD
Amount:		(Enclose proof of Caste Certificate issued by Competent Authority)
Dated:		

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

4. Details of family:-

S. No.	Name	Age	Relationship

5. Date of Birth : _____

3. Age as on 31/12/2020

Years	Months	Days

4. Present Address

: _____

Telephone/ Mobile No. :- _____ E-mail :- _____

5. Permanent Address : _____

Telephone/ Mobile No. :- _____ E-mail :- _____

6. Nationality :- _____

7. **Permanent MCI /DMC/ 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	No. of Attempts	Maximum Marks with 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):

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

13. Have you ever been arrested? : Yes/No

Have you ever been prosecuted: Yes/No

Have you ever been kept under detention? : Yes/No

Have you even been bound down? : Yes/No

Have you ever been find by a Court of law? : Yes/No

Have you ever been convicted by a court of law? : Yes/No

Is any case pending against you in any court of law? : Yes/No

Have you ever been involved in any Police or Criminal Case? : Yes/No

14. Any other information you wish to add :

15. 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/Marksheet in support of age (10 th) | <input type="checkbox"/> |
| (ii) Certificate of Educational Qualification. | <input type="checkbox"/> |
| (iii) Copy of DMC registration. | <input type="checkbox"/> |
| (iv) Internship Completion Certificate. | <input type="checkbox"/> |
| (v) SC/ST/OBC (Delhi Only)/EWS certificate in prescribed format of Govt. of India. | <input type="checkbox"/> |
| (vi) Physically handicapped Certificate. | <input type="checkbox"/> |
| (vii) Experience Certificate, If any. | <input type="checkbox"/> |
| (viii) Any other Certificate. | <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:

UNDERTAKING

**(FOR THE POST OF SENIOR RESIDENT IN JANAKPURI SUPER SPECIALITY
HOSPITAL SOCIETY, C-2B, JANAKPURI, NEW DELHI – 110058)**

(TICK CORRECT OPTION & STRIKE OFF WHICHEVER IS NOT APPLICABLE)

I Dr..... S/o, W/o, D/o,
R/o..... Here by
solemnly declare that:

1. I have not done Senior Residency at any govt. Hospital/Institution in India.

OR

I have done Senior Residency at (name & address of place).....
From.....to.....i.e. a period of.....years and.....months

2. I am registered in the Delhi Medical Council.

OR

I have applied/provisionally registered in Delhi Medical Council but shall get myself registered within one month of selection and my salary may be released only on submission of DMC Registration as Graduate Doctor.

If the information given above is found false/incorrect my candidature/service may be terminated and action as per rules/laws may be initiated.

Date.....

Signature:.....

Place:.....

Name:.....