26/c

JANAKPURI SUPER SPECIALITY HOSPITAL
(AN AUTONOMOUS INSTITUTE)
GOVT. OF NCT OF DELHI
C-2B, JANAKPURI, NEW DELHI-110058
Website: www.jsshs.org www.health.delhigovt.nic.in
Email: janakpurijssh@yahoo.com Phone: 011-28504100

APPLICATION FORM FOR SENIOR RESIDENT

Advt. No.:- F.1(1401)/JSSH/Estt./Regular/SR/2026 **dated**

Affix a passport size photograph

1. **Application for the Post of: Senior Resident**
   Speciality: _____

2. Name of the Applicant: _____

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

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

4. Spouse Name: _____

5. Date of Birth: _____

6. Age as on last date of submission of Application:

Years	Months	Days

7. Present Address: _____

_____

_____

Telephone/ Mobile No. _____E-mail: _____

8. Permanent Address: _____

_____

_____

Telephone/ Mobile No. _____E-mail: _____

9. Nationality: _____

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

MBBS:

MD/MS/DNB:

DM/MCh/DrNB:

11. **Details of Educational Qualifications:**

Name of Examination	No. of attempts	Maximum Marks and Marks Obtained	% of Marks	Month and Year of passing	College & University

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

S. No.	Name of the Employer and Address	Post Held	From	To	Period of work (In Year-Month-days format)	Nature of work performed or being performed
					YY-MM-DD	
		Total Period of Work ⇨	YY-MM-DD	Total Period of Work as Senior resident only ⇨		(YY-MM-DD)

(Use separate sheet if space is inadequate)

13. Any other information you wish to add:

_____

_____

_____

_____

14. 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 (Class 10th) ☐

(ii) Certificates and Mark sheets of Educational Qualifications ☐

(iii) Registration with DMC ☐

(iv) Registration with Medical Council of India ☐

(v) OBC(Delhi)/SC/ST/EWS/Disability certificate ☐

(vi) Experience Certificate(s) ☐

(vii) No Objection Certificate (if the candidate is already working) ☐

DECLARATION

1. I hereby declare that the information submitted and the facts stated in this form are true to the best of my knowledge and belief.
2. I understand that in the event of any information/facts being found to be false/incorrect, my candidature/services will be terminated and any further action, as deemed appropriate, may be taken.
3. I accept the Terms & Conditions stated in the Recruitment Notice.

Place:
Date:

(Full Name & Signature of the Applicant)

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UNDERTAKING

FOR THE POST OF SENIOR RESIDENT IN JANAKPURI SUPER SPECIALITY HOSPITAL 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.

Signature:.....

Date.....

Name:.....

Place:.....