

**Application form for Senior Residency Scheme in LHMC & Associated Hospital**

Application form for the post of Senior Resident in the Department of \_\_\_\_\_

Affix passport  
Size photograph  
Attested by  
Gazette officer

1. Name of the applicant (In Capital letters) : \_\_\_\_\_
2. Name of the applicant in Hindi : \_\_\_\_\_
3. Sex(Male/Female) : \_\_\_\_\_
4. Date of Birth & Age : \_\_\_\_\_
5. Category (SC/ST/OBC/ EWS/GEN) : \_\_\_\_\_
6. Whether Divyang (PWD) (write Yes or No) : \_\_\_\_\_
7. Father's/Husband's Name : \_\_\_\_\_
8. Nationality : \_\_\_\_\_
9. Residential Address (In Capital Letters) : \_\_\_\_\_
10. Permanent Address (In Capital Letters) : \_\_\_\_\_

11. Tick correspondence address:

Residential	Permanent
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12. Particulars of exam passed (MBBS/BDS and Onwards)

Name of Examination	Month & Year of Passing	Class/Division	No. of attempts	Name & place of the Institute/College	Name & place of the University
MBBS/BDS					
MD/MS/MDS					

13. Mobile No. : \_\_\_\_\_
14. E-mail : \_\_\_\_\_
15. Aadhar No. : \_\_\_\_\_
16. PG QUALIFICATION/SPECIALTY/DISCIPLINE : \_\_\_\_\_
17. Whether obtained any position in the university, if so, a copy of the attested certificate to be enclosed:
18. Prize /Medals /Publications /Conference Attended etc, if any (copies of attested certificate to be enclosed):
19. Extra-Curricular activities, if any (copies of attested certificate to be enclosed)
20. Previous Experience, if any, details thereof :
21. Experience after PG :

22. Whether at present employed if so, details of employment and date of joining etc. to be mentioned :

Name of employer	Designation	Pay Scale	Nature of duties	Period of stay		Last pay drawn	Reason for leaving
				From	to		

23. Permanent DMC/DDC Registration No.: (i) Yes ☐ :\_\_ Reg. No.

(ii)No

Acknowledgment registration No.\_\_\_\_\_

24. CHECK LIST (PLEASE ENCLOSE CERTIFICATE IN THE FOLLOWING ORDER AND TICK IN THE BOX GIVEN BELOW AS PROOF OF ENCLOSURES)

Provisional registration with NMC/DMC/DDC /DCI Registration Certificate- MD/MS/ MDS/ DNB	Secondary School Certificate ( 10 <sup>th</sup> class)	Payment (transaction receipt)	MBBS Mark-Sheet	Internship Completion Certificate	MBBS Degree
MD/MS/MDS/DNB-Mark-sheet/Degree	EWS/PWD/Caste Certificate, if applicable	Admit Card (duly filled)	Whether self-attested photocopies of all Certificate/Degree are enclosed with applicant		

25. UNDERTAKING:

I solemnly verify and declare that the above-mentioned statements made by me are correct to the best of my knowledge and belief. In the event of any information found incorrect, my candidature shall stand cancelled and the authorities of LHMC & Assoc. Hospital may take necessary action against me.

Dated:

Signature of Candidate