

APPLICATION FOR THE POST OF SENIOR RESIDENTS ON ADHOC BASIS IN LNH

SPECIALITY	
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Affix Latest
Passport size
Photograph

1. Name of Applicant (in block letters) :
2. Father's / Husband's Name :
3. Date of Birth :
4. Residential Address Permanent :
- Local :
5. Contact (Phone No.) : (M).....(R).....
6. Email ID :
7. Valid DMC Registration Number with Date for concerned speciality :
8. Academic Qualification :

Qualification	Year of passing	Board/University	% of Marks/Division	Number of attempts
MBBS 1 st prof.				
MBBS 2nd prof.				
MBBS 3rd ^d prof.				
MBBS 4th prof.				
PG Degree/Diploma				

09. Whether worked as Senior Resident on regular /Ad-hoc basis:

Name of Institution	Period of appointment	Specialty in which worked

- 10. Experience (if any) after PG :.....
- 11. Details of Publications :.....
- 12. Conference Attended/Presentation: :.....
- 13. Any additional information :.....

Declaration:

I solemnly declare that above statements made by me are true and correct to the best of my knowledge and belief.

Dated :

Place :

(SIGNATURE OF APPLICANT)

**Enclosure:-
(Enclose as per following order)**

Please tick in the box :

- 1. Copy of Date of Birth Certificate
- 2. Copy of Caste Certificate if applicable
- 3. Copy of PH Certificate if applicable
- 4. Copy of valid DMC for PG Degree/DNB/Diploma
- 5. Copy of attempt certificate of MBBS No. of attempts
- 6. Copy of attempt certificate of PG Degree/DNB/Diploma
- 7. Copies of publications
- 8. Any other awards/Distinction