

APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT DOCTOR

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photograph

BIODATA

1. Full Name (BLOCK LETTERS) :-
2. Father's/Husband Name :-
3. Date of Birth :-
4. Age (as on 17.12.2020) :-
5. Sex (M/F) :-
6. Permanent Address in full :-
7. Present Address in full :-
8. Contact number: Mobile No :-
E-mail ID
9. Nationality (State whether by birth :-
or by domicile)
10. Religion :-
11. Community :-
12. Do you belong to SC/ST/EWS/OBC (NCL)?:-
13. Qualifications :-

Sl. No	Name of College/Universities	Examination Passed & Year	Division/ Class obtained	% of marks obtained	Number of attempts in MBBS
1					
2					
3					
4					

Contd...

14.(a) Are you a sponsored candidates of the State Govt. :-
for pursuing studies in MBBS Course.

(b) If yes, whether you have signed a Bond to serve the State Govt. :-
for a mandatory period of 5yrs service on completion of
MBBS Course

(c) If yes, have you obtained NOC from the state Govt. :-
to apply the post of JRD in the institute

15. Date of completion of Internship :-

16. Medical Council Registration Number :-

17. Experience (if any)

Sl. No	Name of the Institution	Name of Employer	Post(s) held		Nature of duty	Reason of leaving
			From	To		
1						
2						
3						

Declaration:

I hereby declare that the entries made in this form as above is true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/services are liable to be terminated without any notice.

Signature of candidate

CHECK LIST FOR THE POST OF JUNIOR RESIDENT
(Put a tick mark () wherever applicable)

- | | | | |
|----|---|---|--------------------------|
| 1. | Certificate of Date of Birth attached | : | <input type="checkbox"/> |
| 2. | Certificate of EWS/SC/ST/OBC (Non Creamy Layer) from the Competent Authority attached | | <input type="checkbox"/> |
| 3. | Degree Certificate for MBBS attached | : | <input type="checkbox"/> |
| 4. | Mark Sheets for MBBS attached | : | <input type="checkbox"/> |
| 5. | Attempt Certificate attached | : | <input type="checkbox"/> |
| 6. | Internship completion Certificate attached | : | <input type="checkbox"/> |
| 7. | Medical Registration Certificate attached. | : | <input type="checkbox"/> |
| 8. | No Objection Certificate from the present Employer (if employed) | : | <input type="checkbox"/> |
| 9. | Application duly signed | : | <input type="checkbox"/> |

Name of the candidate : _____

Signature : _____

Date : _____

For Office Use only

Remarks:.....
.....
.....
.....

Checked by: