ANNEXURE-I

NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES, MAWDIANGDIANG, SHILLONG– 18, MEGHALAYA.

APPLICATION FOR THE POST OF SENIOR RESIDENT (NON- ACADEMIC)

Advertisement No:

Name of the Department:

Please attach recent passport size photo

Personal Details (in Block Letters)

1.Full Name																

2.Father's/ Husband's Name																

3. Address for Correspondence																

4.Permanent Address																

5.Email ID																
6.Contact No.																

7.Date of Birth (as on closing date of application)	**D**	**D**	**M**	**M**	**Y**	**Y**	**Y**	**Y**

8.Nationality	
9.Name of the state to which you belong	
10.Gender	
11.Religion	
12.Community	

13.Category	**UR**	**OBC**	**SC**	**ST**	**EWS**
14.If Physically Challenged (OPH category) Percentage Disability					

15.Details of Educational Qualifications			
Examinations Passed	**University/Board/Institutions/Council of Examinations**	**Month, Year of Passing**	**No. of Attempts**
Secondary (10^{th})			
Senior Secondary(12^{th})			
MBBS			
MD/MS/DNB/Diploma			

16	(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 5 years service on completion of MBBS Course	
	(c)	If yes, have you obtained NOC from the state Govt. to apply the post of SRD in the Institute	

17.Date of completion of Internship	

18.NMC/State Medical Council Registration Number	

19.Details of work experience:					
Name of organization	Period of service		Designation	Nature of Duties performed	Reason for leaving Services
	From	To			

I hereby declare that the entries made in this form as above are 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.

Place: **Signature of Candidate**

Date:

CHECKLIST FOR THE POST OF SENIOR RESIDENT

(Put a tick mark (✓) where ever applicable)

1.	Certificate of Date of Birth attached	:	☐
2.	Certificate of SC/ST/OBC(Non Creamy Layer)/EWS from the Competent Authority attached	:	☐
3	Degree Certificate for MBBS attached	:	☐
4.	Mark Sheets for MBBS attached	:	☐
5.	Attempt Certificate attached	:	☐
6.	Internship completion Certificate attached	:	☐
7.	MCI/NMC Eligibility Certificate for candidates(s) Passing from foreign medical Institutions	:	☐
8.	Screening Test Certificate for Indian Nationals with Foreign Medical Qualifications issued by the National Board of Examinations	:	☐
9.	MD/MS/Diploma certificate attached	:	☐
10.	Medical Registration Certificate attached. (a) MBBS (b) MD/MS/DNB/Diploma	:	☐ ☐
11.	Residence Certificate issued by Competent Authority or Aadhar Card or Voter ID and Passport	:	☐
12.	Character Certificate	:	☐
13.	Experience Certificate(if applicable)	:	☐
14.	No Objection Certificate from the present Employer(if employed)	:	☐
15.	Application duly signed	:	☐

Name of the candidate:_____

Signature: _____

Date: _____

For Office use only

Remarks:……

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Checked by: