ANNEXURE-I

NORTH EASTERNIND IRAGANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES, SHILLONG – 793018.

APPLICATION FOR THE POST OF JUNIOR RESIDEN T(NON-ACADEMIC)

Advertisement No:

Please attach recent passport size photo

Personal details(in Block Letters):

1.Full Name														

2.Father's/Husband Name														

3.Address for Correspondence														

4.Permanent Address														

5.E-mail 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.DetailsofEducationalQualifications:			
Examination Passed	**University/Board/Institution/Council of Examination**	**Month, Year of Passing**	**No of Attempts**
Secondary(10th)			
Senior Secondary(12th)			
MBBS			

16.Date of completion of Internship	

17.NMC/State Medical Council Registration Number	

18.(a)Are you a sponsored candidates of the State Govt. for pursuing studies in MBBS Course.(Yes/No)	
(b)If yes, whether you have signed a Bond to serve the State Govt for a mandatory period of 5 yrs 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.	

Details of work experience:

19.Name of organization	**Period of service**		**Designation**	**Nature of Duties performed**	**Reason for leaving Services**
	From	**To**			

I hereby declare that 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. I_____agree to abide by the terms and conditions of contractual appointment.

Place :

Date : **Signature of the Candidate**

CHECKLISTFORTHEPOSTOFJUNIORRESIDENT

(Put a tick mark (✓) wherever applicable)

1.	Certificate of Date of Birth attached	:	☐
2.	Certificate of EWS/SC/ST/OBC (Non Creamy Layer) 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.	Medical Registration Certificate attached	:	☐
8.	No Objection Certificate from the present Employer(if employed)	:	☐
9.	Disability Certificate(if applicable)	:	☐
10.	MCI/NMC Eligibility certificate for candidates(s) passing from foreign medical Institutions	:	☐
11.	Screening Test certificate for Indian nationals with Foreign Medical Qualifications issued by the National Board of Examinations	:	☐
12.	Application duly signed	:	☐

Name of the candidate : _____

Signature : _____

Date : _____

For Office Use Only

Remarks:……

……..…

……

……

Checked by: