

I/5162/2022

Annexure-I

Application form for the post of Senior/Junior Resident in the department of _____

1. Name in full (capital letters) :
 2. Sex :
 3. Age & Date of Birth :
 4. Whether belong to SC/ST/OBC :
 (Community certificate in the prescribed for
 Appointment to post in the Central Govt. to be attached)
 5. Nationality :
 6. Address for communication :
 7. Permanent Address :
 8. Particulars of exam passed (MBBS Onwards) :

Affix passport
 Size photograph
 (Self Attested)

Name of Examination	Class/Division	Year of Passing	No. of attempts	Institute/College attended	University

9. Whether obtained any position in the university, if so, a copy of the certificate to be enclosed.
 10. Prize obtained, if any (copies of certificate to be enclosed):
 11. Extra Curricular activities, if any (copies of certificate enclosed):
 12. Experience after MBBS :
 13. Experience after PG :
 14. Number of Publications, if any (please enclose details):
 15. 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		

16. Medical council Registration Number & Place of Registration :
 17. Any other information :
 18. List of enclosures :

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

Signature of Candidate

Certified that Dr. _____ holds a post in this Department/Institution/organization _____ have no objection to his/her application being considered for the post of Senior Resident/Junior Resident.

Name & Signature (Designation with Stamp)