

Ref: File No: E/Med/SR/74/IRPGIMSR/NRCH/26/02

Advt.No. IRPGIMSR & Ass.NRCH/SR/26/02

To,

DIRECTOR & PRINCIPAL CHIEF MEDICAL DIRECTOR

IRPGIMSR & Ass.NRCH New Delhi

PASTE RECENT PASS PORT SIZE PHOTO ON WITH
NAME AND DATE & SELF ATTESTED

A. **PERSONAL DETAILS**-(ANY SUPPRESSION OF FACTS OR FALSE INFORMATION WILL LEAD TO CANCELLATION OF CANDIDATURE)

1. Name (BLOCK LETTERS) _____
2. D.O.B. _____ 3. Age on Date of Adv. (as Yrs., Months & Days) _____
4. Category-(UR/OBC/SC/ST/EWS) _____
5. Father's Name _____ MOBILE No. _____ Father's Address _____
6. Occupation & details of Employment _____
7. Husbands/Wife's Name _____ MOBILE No. _____
Husbands/Wife's & Address _____
Occupation & details of Employment _____

8. APPLICANTS Present Address & Mailing Address (BLOCK LETTERS) _____
PIN CODE _____

9. APPLICANTS Permanent Address (BLOCK LETTERS) _____
PIN CODE- _____

B. **Means of Communication with APPLICANT** (Please pay attention & fill in correct details):

1. E-Mail Address (IN BLOCK LETTERS): _____
2. Mobile No.: _____ 3. Landline No (with STD Code) _____

C. **APPLICANTS IDENTIFICATION DETAILS**: (Sr.No. 1 to 3 are essential)

1. PAN CARD No. _____ Date of Issue & validity _____
2. VOTER I/D No. _____ Date of Issue & Validity _____
Issuing Authority _____
3. ADHAAR CARD No.: _____ Date of issue & Validity _____
Issuing Authority _____
4. PASSPORT No. _____ Date of issue & Validity _____ Issuing Authority _____
(Pl give a declaration If a Passport has not been issued till now)

Signature of Candidate Dated: _

Place

Contd:-4

2. EDUCATION						
1	Medical College, University & State	MBBS Exams Passed in Year	Marks obtained /Total Marks	%Of MARKS	Extra Attempts in each of MBBS	INTERNSHIP COMPLETION
	(F.M.G.-Foreign Medical Graduates)	1stProf: 2ndProf: 3rdprof: 4thProf: Final Passing Out In Year	/ / / / Grand Total__ Out of ____ NBE MARKS for F.M.G. Marks/Out of	1st Prof%_____ 2nd Prof%_____ 3rdProf%_____ 4thProf%_____ Total%_____ Total%_____(NBE) For F.M.G.	_____ _____ _____ _____ Total No of Attempts:	<u>Institution</u> <u>Dates</u>
2.	Details of Post MBBS Experience till Today	TYPE OF RESPONSIBILITIES	DATES	TOTALPERIOD	1. Publications with Details, if ANY 2. CONFERENCES ATTENDED	

3	INSTITUTION, UNIVERSITY&YEAR OFPASSING	PERIOD OF TRAININGWITH DATES	Subject & Total No. of Attempts	Marks Obtained& %	Details of Publications, Papers Presented During P.G.

4.	NAME&ADDRESS OF INSTIUTION	TOTALPERIOD WITH DATES	NATURE OF JOB RESPONSIBILITIES HELD	1.Details of PUBLICATIONS, PAPERS Present date after PG. 2. CONFERENCES ATTENDED

E. REGISTRATIONDETAILS

MEDICALCOUNCILOFINDIA/STATEMEDICALCOUNCIL	DELHI MEDICAL COUNCIL(proof of having applied for DMC Registration is a must before the joining)
<u>NMC &STATE Medical Council -</u>	<u>DELHI M.C</u>
Regn No:	Reg.No:
Date:	Date:
REMARKS	REMARKS

F .Details of Certificates: Copies of Documents duly self-attested to be submitted with application form(from S.No.1 to 18):

S.No	TYPE OF DOCUMENTSUBMITTED	Whether Submitted (write yes/ No)	If NO, Give Reasons there for	Remarks (By The Scrutinizing Official
1.	Birth Certificate Xth CLASS & 12 th Certificate			
2.	Degree Certificate of MBBS with all Prof Mark sheets			
3.	Internship Completion Certificate			
4.	NMC/STATE/Registration Certificate.			
5.	DMC, Registration Certificate			
6.	Caste Certificate(OBC/SC/ST/EWS) issued by the Competent authority (as applicable)			
7.	POSTGRADUATE DEGREE (NBE/NMC recognized only)			
8.	POST GRADUATE DIPLOMA Certificate (NBE/ NMC Recognized only)			
9.	LETTER of RECOMMENDATION of Good Character & Conduct from TWO GAZETTED OFFICER's, on their Official Letter Head bearing their Name, Designation, SEAL & Contact Details.			
10.	Experience Certificate			
11.	Conference Certificate			
12.	Publications &Details			
13.	PANCARD			
14.	VOTERID,			
15.	ADHARCARD			
16.	PASSPORT			
17.	Proof of Present Address.			
18.	Proof of Permanent Address.			

F.DECLARATION

- I, Dr. (Mr./Ms.) _____ S/D/O _____ here by solemnly declare that statements made above by me are correct & true to the best of my knowledge and belief.
- Further, I do undertake that the above statements, if found false at any stage in future, my appointment shall be cancelled by the administration and I shall be liable for punitive / disciplinary action whatever deemed fit.
- I understand that applying for Registration with Delhi Medical Council is an essential requirement before joining. I undertake to apply for DMC Registration immediately & will submit the same before my joining at IRPGIMSR & Ass. Northern Railway, CentralHospital, New Delhi
- The Decision of the Selection Board will be final. In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi only.

Date: __ Month ____ Year ____

Signature of candidate

Place:

(Name: _____)

OBC Undertaking

Declaration/undertaking-for OBC Candidates only

I, _____ son/daughter of Shri _____ resident of village/town/city
_____ district

_____ State hereby declare that I belong to the _____ community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93-Estt. (SCT), dated 8/9/1993. It is also declared that do not belong to persons/sections (Creamy Layer) mentioned) in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt. (Res.) dated 9/3/2004. I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2026.

Place:

Signature of the Candidate

Date:

Declaration/ under taking not signed by Candidate will be rejected

OBC Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER THE GOVERNMENT OF INDIA

"This certificate MUST have been issued within one year from date of interview"

This is to certify that Shri/Smt./Kum. _____ Son/ Daughter of Shri/Smt. _____

Of Village/Town _____ District/Division _____ in the _____

_____ State belongs to the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94- BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BC C dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12016/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.

Shri /Smt./ Kum. _____ and/or his family ordinarily reside(s) in the _____

District / Division of _____ State. This is also to certify that he/she does not belong to the persons/sections

(Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O. M. No. 36 012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09/03/2004.

Dated:

District Magistrate/Deputy Commissioner, etc. Seal

NOTE:

- (a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - (i) District Magistrate / Additional Magistrate / Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ First Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar and
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.

SC/ST Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE

This is to certify that Shri/Smt./Kum _____ Son/ Daughter of Shri _____ of village/Town _____ in District/ Division _____ of the State/Union Territory _____ belongs to the _____ caste/Tribe, which is recognized as a Schedule Caste/Scheduled Tribe under.

The Constitution
(Scheduled Castes) order,
1950. The Constitution
(Scheduled Tribes)
order, 1950.

The Constitution (Scheduled Castes) (Union
Territory) order,
1951. The Constitution (Scheduled Tribes)
(Union Territory) order, 1951.

(As amended by the Scheduled Castes and Scheduled Tribes (Modification) Order 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, The State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization Act, 1971) and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976.)

*The constitution (Jammu Kashmir) Scheduled Castes Order, 1956;

*The Constitution (Andaman and Nicobar Islands) Scheduled Tribes, 1959, as amended by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976;

*The Constitution (Dadra and Nagar Haveli)
Scheduled Castes Order 1962; *The Constitution
(Dadra & Nagar Haveli) Scheduled Tribes Order, 1962;
*The Constitution
(Pondicherry) Scheduled Castes Order, 1964;

*The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;

*The Constitution (Goa, Daman & Diu)
Scheduled Tribes Order, 1968; *The Constitution
(Nagaland) Scheduled Tribes Order, 1970;

*The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968;

*The Constitution (Sikkim) Scheduled Castes Order, 1978;

*The Constitution (Sikkim) Scheduled Tribes Order, 1978;

*The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990.

*The Constitution (Scheduled Tribes) Order, (Amendment) Ordinance, 1991.

*The Constitution (Scheduled Tribes) Order, (Second
Amendment) Act, 1991. *The Constitution (Scheduled
Tribes) Ordinance, 1996

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issued to

Shri _____ Father of Shri _____ of _____ village/town _____ in
District/Division _____ of the State/UT _____ who belongs to the _____ caste/Tribe which
is are recognized as a SC/ST in the State /Union Territory _____ issued by the
_____ (name of the prescribed Issuing authority) vide their No. dated _____ or Shri _____ and/or his/ her family ordinarily
reside(s) in Village /Town _____ of _____ District /Division off the State/ Union Territory of _____
Place _____ Date _____

LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner /Additional Deputy Commissioner/Dy . Collector/^{1st} Class Stipendiary Magistrate/Sub Divisional Magistrate/Extra Assistant Commissioner/ Taluka Magistrate/Executive Magistrate.
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate.
3. Sub-Divisional Officers of the area where the candidate and/or his family normally resides.
4. Revenue Officers not below the rank of Tahsildar.

Government of.....

(Name & Address of the authority issuing the certificate) INCOME
& ASSET CERTIFICATE TO BE PRODUCED BY

ECONOMICALLYWEAKERSECTIONS

Certificate No -----

Dated-----

Valid for the year-----

1. This is to certify that Shri/Smt./Kumari _____ son/daughter/
wife of permanent resident of _____

Village/Street _____ Post Office District in the State/Union Territory Pin Code whose
photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of
his/her "family"* is below Rs.8 lakh (Rupees Eight Lakh only) for the financial year 2022-2023. His/her family
does not own or possess any of the following assets***:

- I. 5 acres of agricultural land and above;
II. Residential flat of 1000sq.ft. and above;
III. Residential plot of 100sq.yards and above in notified municipalities;
IV. Residential plot of 200sq.yards and above in areas other than notified municipalities.
2. Shri/Smt./Kumari _____ belongs to the _____ caste
which is not recognized as a Schedule Caste, Schedule Tribe and Other Backward Classes (Central
List).

Signature with seal of Officer _____
_____ Name _____

Recent Passport size attested photograph of the applicant

Designation _____

The income and assets of the families as mentioned would be required to be certified by an officer not
below the rank of Tehsildar in the States/UTs.

Note I: Income covered all sources i.e. salary, agriculture business, profession etc.

**Note 2: The term "Family" for this purpose includes the person, who seeks benefit of reservation, his/her parents and siblings
below the age of 18 years as also his/her spouse and children below the age of 18 years.

***Note 3: The property(ies) held by a "Family" in different locations or different places/cities have been clubbed while
applying the land or property holding test to determine EWS status.