

RAJIV GANDHI SUPER SPECIALITY HOSPITAL SOCIETY  
RAJIV GANDHI SUPER SPECIALITY HOSPITAL  
TAHIRPUR, DELHI -110093  
Tel. No. : 011-22890600, 011-22890601 • Website : www.rgssh.in

APPLICATION FORM

Name of the applicant: \_\_\_\_\_ Post applied for: \_\_\_\_\_

1. Post applied for : \_\_\_\_\_
2. Name (in Block Letter) : \_\_\_\_\_
3. Father's/Husband's Name : \_\_\_\_\_
4. D.O.B.: \_\_\_\_\_
5. Age in Years \_\_\_\_ Months \_\_\_\_ Days \_\_\_\_ (As on last date of receipt of Application)
6. Whether SC/ST/OBC : \_\_\_\_\_
7. Address for Correspondence : \_\_\_\_\_
8. Mobile No. : \_\_\_\_\_ Landline No.: \_\_\_\_\_
9. Email address : \_\_\_\_\_
10. Educational Qualification (Starting from matriculation Examination onwards) :

Passport size photograph  
of candidate duly signed  
by self

Degree/ Exam	University	Year of Passing	Speciality	Max Marks	Marks Scored	Number of Attempts

11. Details of Experience (if any)

Name of institute	Designation	From	To	Total Experience

DECLARATION

I hereby solemnly declare and affirm that statements made in this applications are true, complete, correct to the best of my knowledge and belief. I understand that in the event of any information/facts being found untrue/false/incorrect my candidature is liable to be cancelled/terminated besides taking any other action deemed fit in this regard. I will have no claim for absorption after termination/completion of contract period of tenure. I shall abide by the terms and conditions as prescribed.

( Signature & Name of Candidate)

Place:

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