

**APPLICATION FOR THE POST OF SENIOR RESIDENT ON REGULAR BASIS IN LOK NAYAK HOSPITAL**

SPECIALITY	
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CATEGORY	UR	OBC	SC	ST	PH
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(Please tick whichever is applicable)

**DETAILS OF DEMAND DRAFT:**

NO.	DATE	AMOUNT	DRAWN ON BANK

- Name of Applicant (in block letters) \_\_\_\_\_
- Father's / Husband's Name \_\_\_\_\_
- Date of Birth \_\_\_\_\_
- Residential Address (Permanent) \_\_\_\_\_  
\_\_\_\_\_
- Residential Address (Local) \_\_\_\_\_  
\_\_\_\_\_
- Contact (Phone No.) (M) \_\_\_\_\_ (R) \_\_\_\_\_
- Email ID \_\_\_\_\_
- Valid DMC Registration Number with date for concerned specialty \_\_\_\_\_

**8. Academic Qualification**

Qualification	Year of passing	Board/University	% of Marks/Division	Number of attempts
MBBS 1 <sup>st</sup> prof.				
MBBS 2 <sup>nd</sup> prof.				
MBBS 3 <sup>rd</sup> prof.				
MBBS 4 <sup>th</sup> prof.				
PG Degree/Diploma				

**09. Whether worked as Senior Resident on regular /Ad-hoc basis:**

Name of Institution	Period of appointment	Specialty in which worked