

GOVT. OF NCT DELHI
OFFICE OF THE MEDICAL SUPERINTENDENT
RAO TULA RAM MEMORIAL HOSPITAL, JAFFARPUR NEW DELHI-110073
{Administration branch}

APPLICATION FOR THE POST OF SENIOR RESIDENT

Specialty _____

1. Name of the candidate : _____

2. Father's Name/Husband Name: _____

3. Address (Permanent) : _____

4. Correspondence Address : _____

5. Date of Birth : _____

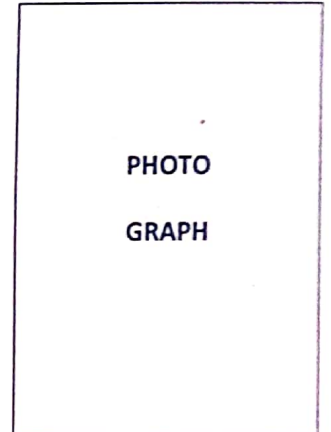
6. DMC registration (For doctors): _____

7. Category :- _____

8. Date of internship completion: _____
(For doctors)

9. Mobile : _____

10. Education Qualification :



S.No	Name of Exam	Board/Univ.	Year of Passing	Subject	Marks Obtained / Total Marks	%

11. Details of Experience:

Sl. No.	Name of Organization	Post	Period		
			From	To	Total Period

12. PG/ Non PG:- _____

13. Email.ID (If any) _____

I hereby declare that all the statements made by me in the application form are true and complete to the best of my knowledge and belief and nothing has been concealed and suppressed. I also understand that in case, any of my statement is found untrue during any stage of recruitment or thereafter shall disqualify me for the post applied for and or I shall be liable for any other action under the extant rule.

Dated: _____ Signature _____

Place: _____ Name _____