

BABU JAGJIVAN RAM MEMORIAL HOSPITAL, JAHANGIR PURI, DELHI-110033

APPLICATION FORM FOR THE POST OF SENIOR RESIDENT

SPECIALITY _____

Category

UR	SC	ST	OBC	P.H.

PP size
Photograph

(Tick Mark whichever is applicable)

- Name of the Candidate (in BLOCK LETTERS) _____
- Father's Name/Husband's Name _____
- Date of Birth _____ Age as on 14/05/19 _____
- Postal Address _____
- Permanent Address _____
- Contact No. _____
- Nationality _____
- Valid DMC _____
- Date of Completion of Internship _____
- Academic Qualification _____

Qualification	Subjects	Year of Passing	University/ Institution	No. of attempts	Experience as SR/JR, if any
MBBS					
MD/MS/DNB					
DIPLOMA					

- E-Mail address _____
- Declaration:** _____

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

Date :

Place:

Signature of Candidate

1/c

Note: 1. Selected candidates shall be allowed to join within 7 days of the issue of Offer

Letter failing which the offer shall stand automatically cancelled.

2. Other documents viz. photocopies duly attested of

- (a) Date of Birth Certificate (Xth Class)
- (b) DMC Regn.
- (c) Mark sheets of all years
- (d) Internship Completion certificate
- (e) Attempt Certificate
- (f) Degree/Diploma Certificate.
- (g) Address Proof (Voter ID/Aadhar Card/Passport/Driving Licence etc.)