

ANNEXURE-I

APPLICATION FORM FOR THE POST OF SENIOR RESIDENT IN THE

DEPARTMENT (_____)

1. Name (**In Block Letters**) _____

2. Father's/Husband's Name _____

3. Correspondence Address (**In Block Letters**) _____

4. Permanent Address: _____

5. Mobile No. / Local Tel No. (Mandatory): _____

6. Date of Birth (Proof to be enclosed): _____

7. Present Age (as on interview date): _____

8. Educational Qualification: (Attested Copies of the certificates to be enclosed):-

S.No:-	Exam Passed	Year	Board/University	% of marks	No. of Attempts
1.					
2.					
3.					
4.					
5.					

Paste your latest passport size photograph duly self attested

09. Whether belongs to SC/ST/OBC (copy of certificates to be enclosed): _____

10. Delhi Medical Council Registration No: _____

11. Department for which applying _____

12. Whether worked as Senior Resident on Adhoc/Regular basis:

Name of the Institution	Worked as	Period of appointment		Specialty in which worked
		From	To	

12. Date of Passing of
M.D/M.S/M.B.B.S _____

13. Details of Publications: - _____

14. Conference attended: - _____

15. Email address: - _____

16. Details of the Demand Draft: - _____

Demand Draft/TR-V No.	Date Of Issue	Name of the issuing Bank

(Note:-Candidate must write his/her Name applied for on the reverse side of the demand draft/TR V.)

I hereby solemnly declare and affirm that the above statements made by me are correct and complete to the best of my knowledge and belief. I understand that in the event of any information/fact being found untrue/false/incorrect my candidature is liable to be cancelled /terminated besides taking any other action deemed fit in this regard. I shall abide by the terms and conditions as prescribed. **I have / haven't done my Senior Resident Residency earlier, as mentioned above in col. 11.**

Date _____

Place _____

Details of Enclosures:

Name:-

Signature of the Candidate:-