WALK-IN-INTERVIEW FOR THE POST OF JR (MBBS) ON REGULAR BASIS FOR 01 YEAR PERIOD

RECENT PASSPORT
SIZE PHOTOGRAPH

TO

THE MEDICAL DIRECTOR
GTB HOSPITAL, GOVT. OF NCT OF DELHI
DILSHAD GARDEN, DELHI-110095

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SUB: APPLICATION FOR THE POST OF JUNIOR RESIDENT (MBBS) ON REGULAR BASIS THROUGH WALK-IN-INTERVIEW

1. APPLICATION FEE IS ACCEPTABLE ONLY IN THE FORM OF DEMAND DRAFT ISSUED IN THE NAME OF MEDICAL SUPERINTENDENT, GTB HOSPITAL (APPLICATION FEE IS NON-REFUNDABLE).

D.D.NO.		AMOUNT DATED		N	NAME OF BANK & BRANCH				
			1						
2. CATE	GORY	GENERAL/	UR	SC	ST	ОВО		PH	
	E OF THE CANDIDATE : APITAL LETTERS)		-1						
	IER'S/HUSBAND'S NAME : APITAL LETTERS)	-							1
(IF M	TIAL STATUS : ARRIED, MENTION NAME & CUPATION OF SPOUSE)								
6. RELI									ī i
7. DATE	OF BIRTH :			(IN WOR	DS)		+		
8. AGE	AS ON 14.05.19 :								
9. POST	TAL ADDRESS WITH PIN CODE:					- !			
			, i						
10. PER	RMANENT ADD. WITH PIN CODE	i:							
									1
11. MEANS OF COMMUNICATION		: PHO	NE. No			_ МОВ	ILE NO:_		
		Email:							
12. VAI	LID DMC REGISTRATION NO	:							
13. DA	TE OF COMPLETION OF INTERNS	SHIP :							
14 ΔΔΙ	DHAAR CARD NO.						1 1		

		4 1 1	1 1		1 4 7 4
15. PAN NO.	:	1 1 1		11/4	

16. EXPERIENCE AS JR IN ANY GOVT. HOSPITAL

SR.NO.	NAME & ADDRESS OF HOSPITAL	PERIOD		NO. OF YEARS/MONTHS/DAYS	
		FROM	TO		
1.					
2.					
3.					
4.				A CONTRACTOR OF THE CONTRACTOR	

17. ACADEMIC QUALIFICATION

MBBS (YEAR OF PASSING)				
COLLEGE (NAME & ADDRESS)				
UNIVERSITY				
% OF MARKS (FINAL YEAR)				- 1 ,
NO. OF ATTEMPTS	1 ST PROFESSIONAL	2 ND PROFESSIONAL	3 RD PROFESSIONAL	4 TH PROFESSIONAL
RELAXED CRITERIA CANDIDATES, PG QUALIFICATION, IF ANY				

DECLARATION: I SOLEMNLY DECLARE THAT THE ABOVE STATEMENTS MADE BY ME ARE CORRECT & TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

> FURTHER, I UNDERTAKE THAT IF THE ABOVE STATEMENT IS FOUND FALSE AT ANY STAGE IN FUTURE, MY APPOINTMENT MAY BE CANCELLED AND I SHALL BE LIABLE FOR DISCIPLINARY ACTION WHATEVER DEEMED FIT.

DATED: 14.05.2019

SELF ATTESTED PHOTOCOPIES ARE TO BE ATTACHED:

- a) DATE OF BIRTH CERTIFICATE (AS PER MATRICULATION CERTIFICATE)
- b) DMC REGISTRATION CERTIFICATE
- c) MBBS MARK SHEETS (ALL YEARS) ALONGWITH DEGREE
- d) INTERNSHIP COMPLETION CERTIFICATE
- e) ATTEMPT CERTIFICATE
- CASTE CERTIFICATE, IF ANY
- g) EXPERIENCE CERTIFICATES, IF ANY
- h) ID PROOF AADHAAR CARD / DRIVING LICENSE / VOTER ID CARD