

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS, NEW DELHI
Application form for the post of Senior Resident in the Department of _____

Affix passport
Size photograph
Attested by
Gazetted officer

1. Name of the applicant(**In block letters**) :
2. Sex :
3. Age & Date of Birth :
4. Category (SC/ST/OBC/EWS/ GEN) :
5. Whether PWD : Yes /No , If Yes tick OL/OA/HH
6. Religion :
7. Nationality :
8. Father's/Husband's name :
9. Residential Address(**in capital letters**) :

10. Permanent Address(**in capital letters**) :

11. Tick correspondence address : Residential / Permanent
12. **Mobile No. & E-mail** :
13. Aadhaar No. :

14. Particulars of exam passed (MBBS Onwards)

Name of Examination	Class/Division	Year of Passing	Institute/College attended	University

15. Whether obtained any position in the university, if so, a copy of the attested certificate to be enclosed:
16. Prize /Medals /Publications /Conference Attended etc, if any (copies of attested certificate to be enclosed):
17. Extra-Curricular activities, if any (copies of attested certificate to be enclosed)
18. Experience after MBBS :
19. Experience after PG :
20. Whether at present employed, if so, details of employment and date of joining etc. to be mentioned :

Name of employer	Designation	Pay Scale	Nature of duties	Period of stay		Last pay drawn	Reason for leaving
				From	to		

21. Medical Registration Number & Place of Registration :
22. Any other information :
23. Date of PG Completion :
24. Demand draft No _____ dated _____ for Rs _____

DECLARATION: I solemnly verify and declare that the above statements made by me are correct to the best of knowledge and belief. In the event of any information found incorrect, my candidature shall stand cancelled and the authorities of LHMC & Associated Hospital may take necessary action against me.

Signature of Candidate

Endorsement of the Employer

Certified that Dr _____ holds a post in this Department /Institution/organization _____. I have no objection to his/her application being consideration for the post of Senior Resident.

Name & Signature (Designation with stamp)

List of enclosures:

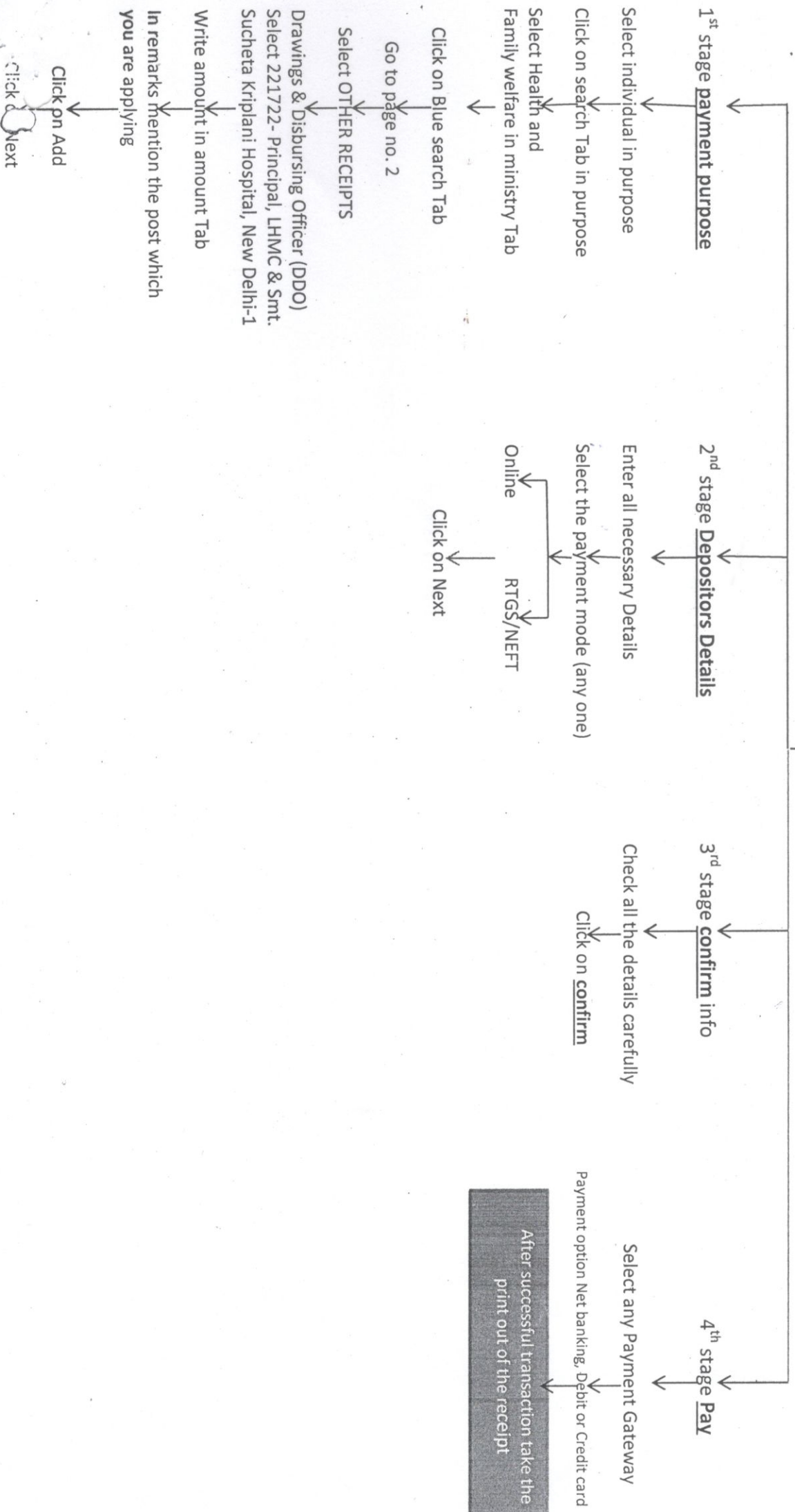
Please Tick

- | | |
|---|-----|
| 1. 10 th Certificate for Age Proof | () |
| 2. Mark Sheets of MBBS Part I, II & final year | () |
| 3. Internship Completion Certificate | () |
| 4. D.M.C./D.D.C. Registration Certificate with PG Qualified | () |
| 5. M.B.B.S. Attempt Certificate | () |
| 6. M.S./M.D. Attempt Certificate | () |
| 7. M.B.B.S. Degree | () |
| 8. M.S./M.D. Degree/ Provisional Pass Certificate from University | () |
| 9. Prize/ Medal/ Distinction during Under-Graduate & Post-Graduate | () |
| 10. Publication | () |
| 11. Proof of Presenting Paper in Conference | () |
| 12. Demand Draft Rs. 500/- or Rs. 300/- | () |
| 13. Cast/ Community/ Disability Certificate (if applicable) | () |
| 14. <u>Identity proof viz.</u> Aadhar Card, Voter ID Card, Driving license, Passport etc | () |

Signature of Candidate

Annexure - II

Payment through Bharat Kosh



Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph of
the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

G. Srinivasan