

ANNEXURE – I

GOVERNMENT OF INDIA
PGIMER & DR. RAM MANOHAR LOHIA HOSPITAL : NEW DELHI

Application Form for the Post of **Senior Resident** in **Department** of _____ .

1. Name in Full :
(in block letters)

2. Sex :

3. Age & Date of Birth :

4. Father's Name :

5. Category :
(SC/ST/OBC/Un-Reserved)

6. Person with Disability (PWD) :

7. Nationality :

8. Permanent Address :
(In Block Letters)

9. Address for Communication :
(In Block Letters)

10. Mobile number :

11. e-mail address :

12. Educational Qualification (MBBS onwards)

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Number of Failures	Institute/ College	University	Year of Passing
MBBS							
Ist year							
2 nd Year							
3 rd Year (Part-I)							
3 rd Year (Part-II)							
TOTAL							
MD/MS/ DIPLOMA/ DNB							

Affix Latest
Passport Size
Photograph
(Self Attested)

13. Research Papers published :
if any (Give details & Proof)

14. Details of service done earlier:

Designation Senior Resident	Name of Government Organization	Duration of Tenure		Total Period
		From	To	

15. Delhi Medical Council Registration Number :

16. Date of PG completion :

17. Demand Draft No. _____ dated _____ for Rs. _____

Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of PGIMER, Dr. RML Hospital, New Delhi.

Signature of Candidate

List of enclosures (all self-attested):

Please Tick

- | | |
|---|-----|
| 1. Class 10 th certificate for age proof. | () |
| 2. Mark Sheet of MBBS (Part I, II and Final Year) | () |
| 3. Internship Completion Certificate | () |
| 4. MBBS Attempt Certificate | () |
| 5. MBBS Degree | () |
| 6. MD/MS (PG) Attempt Certificate | () |
| 7. MD/MS Degree/Provisional Pass Certificate from University | () |
| 8. DMC Registration Certificate for PG /Proof of Registration for PG Qualification. | () |
| 9. Proof of publication/presenting paper in conference/Case Report. | () |
| 10. Caste/Community/Disability Certificate (if applicable) | () |
| 11. NOC from present employer (if employed) | () |

Signature of Candidate