

**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 :

Affix Latest  
Passport Size  
Photograph  
(Self Attested)

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 <sup>nd</sup> Year							
3 <sup>rd</sup> Year (Part-I)							
3 <sup>rd</sup> Year (Part-II)							
TOTAL							
MD/MS/ DIPLOMA/ DNB							

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

:2:

14. Details of service done earlier:

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

15. Medical Registration Number :  
and Place of Registration/DMC Registration Number (for PG)

16. Date of PG completion :

**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 Page No.**

- |   |     |     |
|---|-----|-----|
| 1. Class 10 <sup>th</sup> 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)**