

**PROFORMA OF APPLICATION FOR THE POST OF  
FULL TIME / PART TIME SUPER SPECIALISTS, FULL TIME / PART TIME SPECIALISTS,  
SENIOR RESIDENTS (3 YEARS) AND SENIOR RESIDENTS (1 YEAR)**

|          |                             |                   |            |            |                                     |
|----------|-----------------------------|-------------------|------------|------------|-------------------------------------|
| 1        | Name                        |                   |            |            |                                     |
| 2        | Father's/Husband's name     |                   |            |            |                                     |
| 3        | Date of Birth               |                   |            |            |                                     |
| 4        | Post Applied for            |                   |            |            |                                     |
| 5        | Category                    | SC/ST/OBC/GENERAL |            |            |                                     |
| 6        | Age as on date of interview |                   |            |            |                                     |
| 7        | Educational Qualification:- |                   |            |            |                                     |
|          | Degree/<br>Diploma          | Year of passing   | University | % of Marks |                                     |
|          |                             |                   |            |            |                                     |
| 8        | Experience:-                |                   |            |            |                                     |
| Sl<br>No | Name of Hospital            | Post Held         | Period     |            |                                     |
|          |                             |                   | From       | To         | Total Period<br>(Years &<br>Months) |
|          |                             |                   |            |            |                                     |
|          |                             |                   |            |            |                                     |
|          |                             |                   |            |            |                                     |
|          |                             |                   |            |            |                                     |

Affix recent  
passport-size  
Photograph

|    |                               |                               |
|----|-------------------------------|-------------------------------|
| 9  | MCI Registration No. _____    | Name of Medical Council _____ |
| 10 | Present Address               |                               |
| 11 | Permanent Address             |                               |
| 12 | Contact No & Email ID         |                               |
| 13 | Place where presently working |                               |
| 14 | Particulars of DD             |                               |

I hereby certify that the particulars given above are true to the best of my Knowledge. I undertake to work as Full Time/ Part Time in the post applied for.

Signature of the Candidate

Testimonials to be enclosed: -

Demand Draft towards application fee.

Original & Xerox copies of following documents, as applicable: -

- MBBS Degree Certificate.
- MCI Registration Certificate.
- PG Degree/Diploma Certificate.
- Experience Certificate.
- Caste Certificate, if applicable.
- LPC/No Due Certificate from previous employer, if applicable.
- Any other relevant document.