



**JANAKPURI SUPER SPECIALITY HOSPITAL SOCIETY  
(AN AUTONOMOUS INSTITUTE)  
UNDER GOVT. OF NCT OF DELHI  
C-2B, JANAKPURI, NEW DELHI - 110058**

Website: [www.jsshs.org](http://www.jsshs.org) / Website: [www.health.delhigovt.nic.in](http://www.health.delhigovt.nic.in)  
Email: [janakpurijssh@yahoo.com](mailto:janakpurijssh@yahoo.com) Contact us: 011-28504100

**APPLICATION FORM FOR NON-TEACHING FACULTY**

Affix a passport  
size photograph

Advt. No.:- \_\_\_\_\_

1. Application for the Post of: \_\_\_\_\_

2. Name of the Applicant \_\_\_\_\_

Details of Demand Draft/Online Payment		Tick the Applicable Category
DD No/Transaction ID No.:		UR / SC / ST / OBC(Delhi)
Amount:		(Enclose proof of Caste Certificate issued by Competent Authority)
Dated:		
Name of the Bank:		

3. Father's/Mother's Name : \_\_\_\_\_

4. Spouse Name : \_\_\_\_\_

5. Date of Birth : \_\_\_\_\_

6. Age as on 30.11.2019:

Years	Months	Days
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7. Present Address: - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone/ Mobile No. \_\_\_\_\_ E-mail: \_\_\_\_\_

8. Permanent Address: - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone/ Mobile No. \_\_\_\_\_ E-mail: \_\_\_\_\_

9. Nationality: \_\_\_\_\_

**10. Permanent MCI / State Medical Council Registration No. & Place of Registration:**

MBBS:

MD/MS/DNB:

DM/M.Ch/DNB: State Medical Council Registration No:

**11. Details of Educational Qualifications:**

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Month/Year of Passing	College & University





13. Are you being considered for any appointment elsewhere? If so please give details:

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14. If selected, the period required to join the post: \_\_\_\_\_

15. Any other information you wish to add:

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16. Check List: (Please tick in the box given below **as proof of enclosures**. All Certificates must be self-attested and be attached in the following order :

- |  |                          |
|--|--------------------------|
| (i) Certificate in support of age (10 <sup>th</sup> )                    | <input type="checkbox"/> |
| (ii) Mark Sheets of Degree/Diploma.                                      | <input type="checkbox"/> |
| (iii) DMC certificate (for Medical Professionals).                       | <input type="checkbox"/> |
| (iv) Registration with Medical / Nursing Council.                        | <input type="checkbox"/> |
| (v) SC/ST/OBC (Delhi) certificate in prescribed format of Govt. of India | <input type="checkbox"/> |
| (vi) Experience Certificate(s).  | <input type="checkbox"/> |
| (vii) No Objection Certificate (if the candidate is already in Service). | <input type="checkbox"/> |

**DECLARATION**

1. I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.
2. I have informed my Head of Office/Department in writing that I am applying for this post and shall produce "No Objection" certificate at the time of the Interview.

Place:

Date:

(Signature of the Applicant)

Candidate Full Name: