

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI-110001

APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT (NON ACADEMIC)

1. Name (in block letters) _____

2. Father's Name _____

3. Date of Birth _____

4. Permanent Address (in block letters) _____

Affix Passport size
 photograph duly
 Self Attested

5. Correspondence Address (in block letters) _____

State _____ Pin Code _____

With Telephone No (If any) _____ Mobile: _____

6. Nationality _____ E-mail: _____ Aadhar No _____

7. Educational Qualification:

| Exam Passed | Name of University and place | Year of Passing | Max. Marks Obtained | Final % |
|-------------|------------------------------|-----------------|---------------------|---------|
| MBBS | | | | |

8. Whether **SC/ST/OBC/EWS** with Documentary evidence (Write in the box):

(Attach a certificate from District Magistrate in support of your claim of reserved categories. In case of OBC & EWS category, certificate should be in the Annexure-II & Annexure IV respectively.

9. If PWD Candidates (Write in the box)

(Attach a PWD Certificate issued by Government Hospital)

10. Date of Internship completion should be **(Between 31.12.17 and 31.12.19)** _____

11. Percentage of aggregate marks in all professional Examinations (MBBS): _____

12. Permanent D.M.C Registration No. (*) _____

13. Whether done any Junior Residency (Non- Academic) at RMLH or any **Government hospital/Institute**,
 If so mention the Department/period/subject

| S.NO | Department | From | To | Organization/Institution |
|------|------------|------|----|--------------------------|
| 1. | | | | |
| 2. | | | | |

Candidates, who have done six month JR ship, will not be eligible for the post.

DECLARATION

I solemnly declare that the above statements made by me are correct to the best of my knowledge, belief and I shall abide by the rules and regulation of the RMLH. In the event of any information found incorrect my candidature will be liable for rejection summarily.

Check list (Please write in the box (Yes/No) given below as proof of enclosures).

| Photocopy of Final MBBS Mark Sheets | Photocopy of permanent DMC Registration Certificate | Photocopy of Internship Completion Certificate | Photocopy of Matriculation Certificate | Photocopy of Caste Certificate if any | All Certificates are Self Attested | Mention the DD No. & date | Copy of Aadhar Card | Status of Hepatitis B Vaccination |
|-------------------------------------|---|--|--|---------------------------------------|------------------------------------|---------------------------|---------------------|-----------------------------------|
| | | | | | | | | |

DATE: _____

(SIGNATURE OF THE APPLICANT)

N.B: Please affix the following with the application form:

- 1) One recent Passport size Photograph. (Space Provided)
- 2) Self attested Copies of all the Certificates/testimonials.

PLEASE NOTE:

1. Incomplete applications will be rejected straight way.
2. OBC & EWS Certificates will be accepted only in the given **Annexure II & III** otherwise application will be rejected.
3. Non-Refundable Demand Draft of Rs. **800/-** for UR/EWS & OBC Candidates payable to the P.A.O., Dr. Ram Manohar Lohia Hospital, New Delhi – 110001 purchased after the date of advertisement will be accepted. No other means of payment would be accepted. **SC/ST & PWD Candidates are exempted as per govt. rules.**
4. If it is found, that the applicant has suppressed any information or given wrong information his/her junior Residency (Non – Academic) will be terminated forthwith without assigning any reason.