

Speciality Subject:

**CHARAK PALIKA HOSPITAL
MOTI BAGH NEW DELHI**

**APPLICATION FORM FOR THE POST OF SENIOR RESIDENT
(TO BE FILLED BY CANDIDATE IN CAPITAL LETTERS ONLY)**

1. Name of the Candidate:
2. Father's/Husband Name:
3. Date of Birth & Age:
4. Postal Address :
-
-
5. Permanent Address:
-
6. (A) Aadhaar No. (B) PAN No.
7. DMC Registration No. Validity
8. Category Gen./SC/ST/OBC/OPH:
9. Mobile No. Alt. Mobile No.
10. E-mail (in Capitals only):
11. Whether Physically Handicapped: Yes/No.
12. Particulars of exam passed

Paste your
recently
photograph
and signature
across

(MBBS/MD/DNB/DIPLOMA with details of attempt in all proof.)

Name of Exam	Year of Passing	No. of attempts	Institute/College & University

I solemnly declare that the above statements made by me in this form are correct and true to the best of my knowledge and nothing has been concealed thereof.

(Signature of Applicant)

Place:

Date:

