## ANNEXURE-I

## **APPLICATION FORM FOR THE POST OF SENIOR RESIDENT**

## DEPARTMENT

1 Name (Tr. Black Latters)	Paste your
1. Name (In Block Letters)	latest passport
2 Esther's (Hushand's Name	size
2. Father's/Husband's Name	photograph
2 Correspondence Address (In Black	duly self
3. Correspondence Address ( <b>In Block</b>	attested
Letters)	
4. Permanent Address:	_
	_
5. Mobile No. / Local Tel No. (Mandatory):	
6. Email address:	
7. Date of Birth (Proof to be enclosed):	
8. Present Age (as on interview date):	-

9. Educational Qualification: (Attested Copies of the certificates to be enclosed):-

S.No:-	Exam Passed	Year	Board/University	% of marks	No. of Attempts
1.					
2.					
3.					
4.					
5.					

10. Whether belongs to SC/ST/OBC (copy of certificates to be enclosed):\_\_\_\_\_

11. Delhi Medical Council Registration No: \_\_\_\_\_

12. Department for which applying\_\_\_\_\_

## 13. Whether worked as Senior Resident on Adhoc/Regular basis:

Name of the Institution	Worked as	Period of appointment		Specialty in which worked
		From	То	

- 14. Date of Passing of M.D/M.S/M.B.B.S\_\_\_\_\_\_
- 15. Details of Publications: \_\_\_\_\_
- 16. Conference attended: \_\_\_\_\_
- 17. Details of the Demand Draft: -

Demand Draft/TR-V No.	Date Of Issue	Name of the issuing Bank

(Note:-Candidate must write his/her Name applied for on the reverse side of the demand draft/TR V.)

I hereby solemnly declare and affirm that the above statements made by me are correct and complete to the best of my knowledge and belief. I understand that in the event of any information/fact being found untrue/false/incorrect my candidature is liable to be cancelled /terminated besides taking any other action deemed fit in this regard. I shall abide by the terms and conditions as prescribed. I have / haven't done my Senior Resident Residency earlier, as mentioned above in col. 12.

Date			
Place	 	 	

Details of Enclosures:

Name:-

Signature of the Candidate:-