

ANNEXURE-I

To,

The Medical Superintendent,
VMMC & SJH,
New Delhi-110029

Paste Latest
Passport
Size
Photograph

**Application for the post of Sr. Resident on ADHOC BASIS in the Speciality/Department
of _____**

1. Name of the applicant (**In Block letters**) : _____
2. Name of the applicant in Hindi : _____
3. Category (SC/ST/OBC/GENERAL/EWS) : _____
4. Whether DIVYANG (Person with Disability) (write Yes or No): _____
5. Date of Birth and age : _____
6. Father's /Husband's Name : _____
7. Sex (Male/Female) : _____
8. Nationality : _____
9. Residential Address (In CAPITAL LETTERS): _____

10. Permanent Address (in CAPITAL LETTERS): _____

11. Tick correspondence address:

Residential		Permanent	
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12. Particulars of exam. passed (MBBS / BDS and onwards)

Name of Exam	Month & Year of passing	Class/ Division	No. of attempts	Name & place of the Institute/College	Name & place of the University
MBBS/BDS					
MD/MS/MDS Diploma/ DNB(BS)					
M.Ch./DM/ DNB(SS)					

13. PG QUALIFICATION/SPECIALTY/DISCIPLINE: _____

14. Previous Experience, if any, details thereof :

15. Whether at present employed and if yes, detail of employment
& attach copy of NOC from present employer :

16. Permanent DMC Registration No. :

17. E-mail address :

19. Aadhaar No. :

20. **MOBILE NO.** :

UNDERTAKING:

I solemnly verify and declare that the above mentioned statements made by me are correct to the best of my knowledge and belief. In the event of any information found incorrect, my candidature shall stand cancelled and the authorities of VMMC and Safdarjung Hospital may take necessary action against me.

Note: Permanent Registration Certificate from Delhi Medical Council is mandatory for both MBBS and PG.

Dated: _____

SIGNATURE OF THE CANDIDATE