

Application form for the post of Senior/Junior Resident in the department of _____

Affix passport Size photograph Attested by Gazetted officer
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1. Name in full (capital letters) :
2. Sex :
3. Age & Date of Birth :
4. Whether belong to SC/ST/OBC :
(Community certificate in the prescribed for
Appointment to post in the Central Govt. to be attached)
5. Nationality :
6. Address for communication :
7. Permanent Address :
8. Particulars of exam passed (MBBS Onwards)

Name of Examination	Class/Division	Year of Passing	Institute/College attended	University

9. Whether obtained any position in the university, if so, a copy of the certificate to be enclosed.
10. Prize obtained, if any (copies of certificate to be enclosed):
11. Extra Curricular activities, if any (copies of certificate enclosed):
12. Experience after MBBS :
13. Experience after PG :
14. Whether at present employed, if so, details of employment and date of joining etc. to be mentioned :

Name of employer	Designation	Pay Scale	Nature of duties	Period of stay		Last pay drawn	Reason for leaving
				From	To		

15. Medical Registration Number & Place of Registration:
16. Any other information :
17. List of enclosures :
18. Date of PG Completion :

DECLARATION: I solemnly declare that the above statements made by me are correct to the best of knowledge a belief.

Signature of Candidate

Certified that Dr. _____ holds a post in this Department/Institution/organization _____ have no objection to his/her application being consideration for the post of Senior Resident/Junior Resident.

Name & Signature (Designation with Stamp)