## APPLICATION FOR THE POST OF JUNIOR RESIDENT

| 1. Name (l                                   | In Block Le           | tters)      |            |      |  |              | Paste your                      |
|--|-----------------------|-------------|------------|------|--|--------------|---------------------------------|
| 2. Father's                                  | latest passport       |             |            |      |  |              |                                 |
| 3. Correspondence Address (In Block          |                       |             |            |      |  |              | size<br>photograph<br>duly self |
| Letters)_                                    |                       |             |            |      |  |              | attested                        |
|  |                       |             |            |      |  |              |                                 |
| 4. Perman                                    | ent Address:          |             |            |      |  |              |                                 |
|  |                       |             |            |      |  |              |                                 |
|  |                       |             |            |      |  |              |                                 |
|  |                       |             |            |      |  |              |                                 |
|  | Birth (Proof          |             | ŕ          |      |  |              |                                 |
| 7. Present                                   | Age (as on i          | nterview d  | ate):      |      |  |              |                                 |
| 8. Education                                 | onal Qualific         | cation: (At | tested C   | opie | s of the certificates to b               | e enclosed): |                                 |
| S.No:-                                       | Exam Pass             | sed         | Year       |      | Board/University                         | % of marks   | No. of Attempts                 |
|  |                       |             |            |      |  |              |                                 |
|  |                       |             |            |      |  |              |                                 |
|  |                       |             |            |      |  |              |                                 |
|  |                       |             |            |      |  |              |                                 |
|  |                       |             |            |      |  |              |                                 |
|  | _                     |             |            |      | f certificates to be Encl                |              |                                 |
| 10. Delhi                                    | Medical Co            | uncil Regis | stration 1 | No:  |  |              |                                 |
| 10. Delhi 11. Whet                           | Medical Conher worked | uncil Regis | Reside     | No:  |  | <u> </u>     | Speciality in which             |
| <ul><li>10. Delhi</li><li>11. Whet</li></ul> | Medical Conher worked | uncil Regis | Reside     | No:  | n Adhoc/regular basis                    | <u> </u>     | Speciality in which worked      |
| 10. Delhi 11. Whet                           | Medical Conher worked | uncil Regis | Reside     | No:  | n Adhoc/regular basis Period of appointm | ent          |                                 |
| 10. Delhi 11. Whet                           | Medical Conher worked | uncil Regis | Reside     | No:  | n Adhoc/regular basis Period of appointm | ent          |                                 |

12. Date of Passing of

| 14. Conference attended:-  |  |   |
|--|--|---|
| 15. Email address:-  |  |   |
| 16. Details of the Demand Draf   | t:-  |   |
| Demand Draft No.   | Date Of Issue  | Name of the issuing Bank  |
|  |  |   |
| demand draft.)  I hereby solemnly declare and complete to the best of my information/fact being found /terminated besides taking any and conditions as prescribed. I | affirm that the above knowledge and belief. untrue/false/incorrect nother action deemed fire | statements made by me are correct and I understand that in the event of any candidature is liable to be cancelled t in this regard. I shall abide by the terms by Junior Resident Residency earlier, as |
| mentioned above in col. 11.  |  |   |
| DatePlace  |  |   |
| Details of Enclosures:   |  |   |
|  |  | Name & Signature of the Candidate   |

M.D/M.S/M.B.B.S\_\_\_\_

13. Details of Publications:-