

**APPLICATION FORM FOR THE POST OF SENIOR RESIDENT****DEPARTMENT:** \_\_\_\_\_ **CATEGORY:** GEN/SC/ST/OBC/PH/EWS (Please tick)

1. Name (In Block Letters) \_\_\_\_\_  
 2. Father's/Husband's Name \_\_\_\_\_  
 3. Correspondence Address (In Block Letters) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Paste your latest  
passport size  
photograph duly  
self attested

4. Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Mobile No. / Local Tel No. (Mandatory): \_\_\_\_\_

6. Email address: - \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_

8. Present Age (as on closing date): \_\_\_\_\_ YEARS, \_\_\_\_\_ MONTHS, \_\_\_\_\_ DAYS \_\_\_\_\_

9. Educational Qualification:

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

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

11. Delhi Medical Council Registration No: \_\_\_\_\_ (please enclose copy)

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	To	

14. Date of Passing of M.D/M.S. \_\_\_\_\_

15. Details of Publications: - \_\_\_\_\_

16. Conference attended: - \_\_\_\_\_

17. Details of the NEFT (Enclose copy/proof) \_\_\_\_\_

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. 13.**

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature:- \_\_\_\_\_

Name of the Candidate:- \_\_\_\_\_