

ATC

## APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT

1. Name (**In Block Letters**) \_\_\_\_\_  
 2. Father's/Husband's Name \_\_\_\_\_  
 3. Correspondence Address (**In Block Letters**) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 4. Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 5. Mobile No. / Local Tel No. (Mandatory): \_\_\_\_\_  
 6. Email address: - \_\_\_\_\_

Paste your latest  
passport size  
photograph duly  
self attested

7. Date of Birth: \_\_\_\_\_  
 8. Present Age (as closing date): \_\_\_\_\_ YEARS, \_\_\_\_\_ MONTHS, \_\_\_\_\_ DAYS  
 9. Educational Qualification:

S.No:-	Exam Passed	Year	Board/University	% of marks	No. of Attempts
1.	10 <sup>th</sup>				
2.	12 <sup>th</sup>				
3.	MBBBS				
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. **Whether worked as Junior Resident on Adhoc/Regular basis:**

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

13. Date of Passing of MBBBS \_\_\_\_\_  
 14. Details of Publications, if any: - \_\_\_\_\_  
 15. Conference attended, if any: - \_\_\_\_\_  
 16. Details of the Draft/TRV no. (Enclose copy/proof) \_\_\_\_\_ (Candidate must write his/her name on reverse side of the demand draft)

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 \_\_\_\_\_

Signature \_\_\_\_\_

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