GOVERNMENT OF N.C.T. OF DELHI OFFICE OF THE MEDICAL SUPERINTENDENT ACHARYA SHREE BHIKSHU HOSPITAL MOTI NAGAR, NEW DELHI-110015.

No.F. 2 (537)/ABGH/Estt./Advt./JRSR/2018/2858

Dated:27.04.2018

CORRIGENDUM

In reference to order No. F.7/767/2007/H&FW/2573 received on mail dated 20.12.2017 regarding enhancement of tenure of Junior Resident (BDS / Dental) from existing 06 months to 01 year, the One post of JR (Dental) for the interview vide our advertisement dated 26.04.2018 and Delhi Government Website dated 26.04.2018 is being cancelled herewith.

Rest of the content of the Notice remains the same.

Further, in view of delay in publication of advertisement for the post, the closing date of receipt of application is extended up to 05.05.2018 (i.e. Saturday 1:00 P.M.) in place of 01.05.2018.

The proforma for application is enclosed herewith.

Sd/-(DR. BHASKAR VARMA) MEDICAL SUPERINTENDENT

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PPLICATION FORMAT FOR THE POST OF SENIOR RESIDENTS/ JUNIOR RESIDENT							
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1.	Name of the car	Paste your					
2.	Father's/ Husband's Name:						
3.	Date of Birth:						<u>recent</u>
4.	Age as on: 05.05.2018:						<u>passport size</u>
5.	CATEGORY (UR/ SC/ST/OBC/PH):						<u>photograph</u>
6.	Correspondence Address: with Telephone No:						<u>here</u>
7.	Permanent Address						
8.	Valid Delhi Medical Council/ Delhi Dental Council Regn. No and date:						
9.	Date of completion of Internship:						
10.	0. Academic Qualifications (MBBS Onwards): Enclose attested photocopies of all Mark sheets & certificates						
	Exam Passed	Year of passing	Board/ University	7	Marks in %	No.of Attempts	
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11. Detail of work experience: Enclose attested photocopies of Experience certificates							
Address of the organization and Designation						То	7

I solemnly declare that the above statements made by me, are true, complete and correct to the best of my **Declaration:** knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall liable to be rejected without any notice.

Date: SIGNATURE OF THE CANDIDATE)

List of Encl:

- Date of Birth (Class- X Certificate)
- 2. DMC/ Registration Certificate
- Internship completion certificate
- SC/ST/OBC/PH Certificate issued by the competent authority (if applicable) 4.
- MBBS Certificate 5.
- MD/MS/DNB/PG Diploma certificate (for SRs only) 6.
- 7. MBBS Mark sheets
- MD/MS/DNB/PG Diploma mark sheets 8.
- 9. Attempt certificates Copies of any other relevant documents.