APPLICATION FORM FOR SENIOR RESIDENT(.DENTAL.....)

Paste here duly attested Passport size Photograph

1. Name of the candidate **(in block letters)**.....
2. Father's/Husband Name.....
3. Date of Birth .....
4. Age as on (Date of interview) .....
5. Whether Belong SC/ST/OBC.....
6. Pgysicall Challenged (Yes/No).....
7. Postal Address

.....

. Permanent Address .....

.....

8. Contact No. .....
9. Valid DMC/DDC No. .....
10. Date of completion of internship (For J.R. only).....
11. Academic Qualification .....

Qualification	Year of Passing	University/institution	% of Marks	Nos. of attempts

12. Details of Work Experience: .....

Complete Address of employer	Designation/Post held	From	To

13. All the relevant certificates should be self attested
14. Aadhar Number .....
15. **Declaration: -** I solemnly declare that the above statement made by me are correct to the best of my knowledge and noting has been concealed thereof. If any information given above is found false/incorrect my candidature/service may be terminated.

Dated:
Place:
List of encl:

(Signature of the Candidate)

Email id

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
BHAGWAN MAHAVIR HOSPITAL
H-4/5, PITAMPURA, DELHI-110034

THE DOCUMENTS TO BE CHECKED BY THE COMMITTEE MEMBERS

Roll No. _____

NAME OF THE CANDIDATE DR. _____

POST APPLIED Senior Resident (Dental) _____

S.NO	DOCUMENTS	CHECKED BY DA		CHECKED BY COMMITTEE MEMBER	REMARKS	
1	Xth Certificate (Date of Birth Certificate)					
2	Degree Certificate (M.D.S)					
3	D.C.I (Dental Council of India/ State Registration/Delhi Dental Council					
4	Internship Completion Certificate					
5	Attempt Certificate					
6	Category	Gen	EWS	OBC (DELHI)	SC	ST
7.	Marksheet of All year					

SIGNATURE OF DA

SIGNATURE OF COMMITTEE