

APPLICATION FORM FOR THE POST OF SENIOR RESIDENT DOCTOR REGULAR BASIS

PHOTO

DEPARTMENT.....

CATEGORY: UR SC ST OBC PHY. DISABLED EWS  
(Tick Mark whichever is applicable)

1. Name of the candidate
2. Father's Name/ Husband Name:
3. Date of Birth:
4. Local address:
5. Permanent Address:
6. Local Telephone No
7. Email ID:
8. Valid DMC/DDC registration::
9. Academic Qualification:

Qualification	Subject	Year of passing	University/ institution	% of Marks	No. of attempt(s)	Experience as SR

I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief

Date:

(Signature of the Candidate)

Check- list of Enclosures required:

1. Date of Birth Proof (copy of secondary School Certificate)
2. DMC Registration Certificate
3. MD/MS/DNB/ Dip. Certificate & Mark Sheet
4. Internship Completion Certificate.
5. Caste/PH/ any other Relaxation Certificate
6. ID Proof

Note: Original of enclosed documents will be required for verification on the date of interview

APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT DOCTOR REGULAR BASIS

PHOTO

DEPARTMENT.....

CATEGORY:            UR   SC   ST   OBC   PHY. DISABLED   EWS  
(Tick Mark whichever is applicable)

- 10. Name of the candidate
- 11. Father's Name/ Husband Name:
- 12. Date of Birth:
- 13. Local address:
- 14. Permanent Address:
- 15. Local Telephone No
- 16. Email ID:
- 17. Vailid DMC/DDC registration::
- 18. Academic Qualification:

Qualification	Subject	Year of passing	University/ institution	% of Marks	No. of attemept(s)	Experience as JR

I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief

Date:

(Signature of the Candidate)

- Check- list of Enclosures required:
- 7. Date of Birth Proof (copy of secondary School Certificate)
  - 8. DMC Registration Certificate
  - 9. MBBS/MD/MS/DNB/ Dip. Certificate & Mark Sheet
  - 10. Internship Completion Certificate.
  - 11. Caste/PH/ any other Relaxation Certificate
  - 12. ID Proof