

APPLICATION FORM FOR THE POST OF SENIOR RESIDENT DOCTOR

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BIODATA

1. Name of the Department :-
2. Full Name (BLOCK LETTERS) :-
3. Father's/Husband Name :-
4. Date of Birth :-
5. Age (as on 01.06.2021) :-
6. Sex (M/F) :-
7. Permanent Address in full :-
8. Present Address in full :-
- Contact number: Mobile No :-
E-mail ID
9. Nationality (State whether by birth or by domicile) :-
10. Religion :-
11. Community :-
12. Do you belong to SC/ST/OBC (NCL)? :-
13. Qualifications :-

| Sl. No | Name of College/Universities | Examination Passed & Year | Division/ Class obtained | % of marks obtained | Number of attempts in MBBS |
|--------|------------------------------|---------------------------|--------------------------|---------------------|----------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

14. (a) Are you a sponsored candidate of the State Govt. :-
for pursuing studies in UG/PG Course.

(b) If yes, whether you have signed a Bond to serve the State Govt. :-
for a mandatory period of 5yrs service on completion of
UG/PG Course

(c) If yes, have you obtained NOC from the state Govt. :-
to apply the post of SRD in the institute

15. Date of completion of Internship :-

16. Medical Council Registration Number :-

17. Experience (if any)

| Sl. No | Name of the Institution | Name of Employer | Post(s) held | | Nature of duty | Reason of leaving |
|--------|-------------------------|------------------|--------------|----|----------------|-------------------|
| | | | From | To | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Declaration:

I hereby declare that the entries made in this form as above is true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/services are liable to be terminated without any notice.

Signature of candidate

CHECK LIST FOR THE POST OF SENIOR RESIDENT

(Put a tick mark () wherever applicable)

- 1. Certificate of Date of Birth attached :
- 2. Certificate of SC/ST/OBC (Non Creamy Layer) from the Competent Authority attached :
- 3. Degree Certificate for MBBS attached :
- 4. Mark Sheets for MBBS attached :
- 5. Attempt Certificate attached :
- 6. Internship completion Certificate attached :
- 7. MD/MS/Diploma certificate attached :
- 8. Medical Registration Certificate attached. :
 - (a) MBBS
 - (b) MD/MS/DNB/Diploma
- 9. Residence Certificate issued by Competent Authority or Aadhar Card or Voter ID and Passport :
- 10. Character Certificate :
- 11. Experience Certificate (if applicable)
- 12. No Objection Certificate from the present Employer (if employed) :
- 13. Application duly signed :

Name of the candidate: _____

Signature: _____

Date: _____

For Office use only

Remarks:.....
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Checked by: