

BABU JAGJIVAN RAM MEMORIAL HOSPITAL, JAHANGIR PURI, DELHI-110033

APPLICATION FORM FOR THE POST OF SENIOR RESIDENT

SPECIALITY _____

Category

UR	SC	ST	OBC	P.H.

PP size
Photograph

(Tick Mark whichever is applicable)

1. Name of the Candidate (in BLOCK LETTERS) _____
2. Father's Name/Husband's Name _____
3. Date of Birth _____ Age as on 26/10/18 _____
4. Postal Address _____
5. Permanent Address _____
6. Contact No. _____
7. Nationality _____
8. Valid DMC _____
9. Date of Completion of Internship _____
10. Academic Qualification _____

Qualification	Subjects	Year of Passing	University/ Institution	No. of attempts	Experience as SR/JR, if any
MBBS					
MD/MS/DNB					
DIPLOMA					

11. E-Mail address _____

12. **Declaration:**

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

Date :

Place:

Signature of Candidate

- Note:** 1. Selected candidates shall be allowed to join within 7 days of the issue of Offer Letter failing which the offer shall stand automatically cancelled.
2. Other documents viz. photocopies duly attested of
- (a) Date of Birth Certificate (Xth Class)
 - (b) DMC Regn.
 - (c) Mark sheets of all years
 - (d) Internship Completion certificate
 - (e) Attempt Certificate
 - (f) Degree/Diploma Certificate.
 - (g) Address Proof (Voter ID/Aadhar Card/Passport/Driving Licence etc.)