

**Application are invited for recruitment to the post of:-**

Tick (✓) in column for which candidate is applying.

1. Three Years Senior Resident under Central Residency Scheme
2. One Years Senior Resident against GDMOs
3. Full time/Part time Specialists
4. Part time Super Specialist for one year

(Fill the form in Block Letters only)

Department for which applying .....

- 1 Name : \_\_\_\_\_
- 2 Father's/Husband's Name : \_\_\_\_\_
- 3 Permanent Address : \_\_\_\_\_  
: \_\_\_\_\_
- 4 Correspondence Address(with Pin Code) : \_\_\_\_\_
- 5 Telephone/ Mobile Number : \_\_\_\_\_
- 6 E-mail ID : \_\_\_\_\_
- 7 Date of Birth : \_\_\_\_\_
- 8 Age as on the date of interview : \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days
- 9 Whether Gen/ SC/ST/OBC/ PH/Ex.sm. : \_\_\_\_\_
- 10 Whether a bonded candidate at present (Yes or No) : \_\_\_\_\_

Paste recent passport size photograph duly attested by candidate itself

10 **Educational/Professional Qualification :-**

<u>Degree/Diploma/PG Degree</u>	<u>Year of Passing</u>	<u>University</u>	<u>No. of attempts</u>	<u>Remarks (if any)</u>
MBBS/Equivalent Qualification				
PG DIPLOMA ( )				
PG DEGREE ( )				
DNB ( )				
ANY OTHER				

11 **Work Experience:**

<u>S No</u>	<u>Post held</u>	<u>Name and full address of the employer</u>	<u>Period of Employment</u>		<u>Total Experience</u>
			<u>From</u>	<u>To</u>	
1					
2					
3					
4					

Cont.....2

- 12 Whether worked/working as Senior Resident  
in any Central/State Govt. if yes :1 Period of SRship from \_\_\_\_\_ to \_\_\_\_\_  
:2 Name of organization & Address \_\_\_\_\_  
\_\_\_\_\_
- 13 Registration No. : \_\_\_\_\_
- 14 Have you ever been dismissed/debarred : \_\_\_\_\_  
or Punished.

**Declaration:-** I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false/incorrect/incomplete or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/cancelled and in the event of any statement/information found false/incorrect even after my appointment, my services are liable to be terminated without any notice. I am citizen of India by birth/domicile.

Date.....

Signature of the candidate:.....

**Check list of enclosures attached:**

- |  |          |
|--|----------|
| 1. Date of Birth Certificate   | Yes / No |
| 2. Degree Certificate along with attempt Certificate                 | Yes / No |
| 3. Diploma Certificate along with attempt Certificate, if applicable | Yes / No |
| 4. Experience Certificate, if applicable                             | Yes / No |
| 5. MCI/ State Medical Council Registration Certificate               | Yes / No |
| 6. Caste (SC/ST/OBC/PH) Certificate, if applicable                   | Yes / No |