

OFFICE OF THE MEDICAL SUPERINTENDENT  
SAFDARJUNG HOSPITAL & V.M.M.C  
NEW DELHI-110029

O/C

1.	Name of the Candidate			
2.	Father/Husband Name			
3.	Date of Birth		Gender	
4.	Category (SC/ST/OBC/UR)/PH			
6.	Mob. No.			
7.	DD No. Date, Name of Bank			

Signature of Candidate

1.	<b>Registration Number (To be filled by Office)</b>	
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**Note:** Please keep visiting official website of Safdarjung Hospital i.e [www.vmmc-sjh.nic.in](http://www.vmmc-sjh.nic.in) for further information.

**SAFDARJUNG HOSPITAL & V.M.M.C  
NEW DELHI-110029**

1	Name of the Candidate					Paste Recent coloured photograph.
2	Father/Husband Name					
3	Date of Birth		Gender			
4	Category (SC/ST/OBC/UR)					
4 (a)	Whether Physically Handicapped (Percentage & details of disability)					
5	Correspondence Address with Pin Code					
6	Mob.No.					
7	Aadhar Card Number					
8	Qualification with Year/Board/Percentage	Course & Passing Year	Board/ University	Total Marks	Marks obtained	Perc. (%)
i	10 <sup>th</sup>					
ii	12 <sup>th</sup>					
iii	B.Sc (Hons.) in Nursing/ B.Sc Nursing/ Post Basic B.Sc Nursing GNM					
iv	Any Higher Education					
9	Name of Nursing Council					
10	Registration No. of Nursing Council .	R.N.C No.	Date Of Registration	Valid Upto		
11	Experience as on _____ (after Nursing Council Registration)					
12	Name of Hospital & Bed Strength					
13	Email.					
14	Any additional information					

1. I solemnly declare that all statements made in this application are true, complete and correct to the best of my knowledge & belief and in the event of any information being found false or incorrect at any state of my service my candidature is liable to be cancelled and legal action may be initiated against me.
2. I fulfill all conditions of eligibility regarding age limit, educational qualification etc for this post.

Signature of the Candidate

Date: \_\_\_\_\_  
Place: \_\_\_\_\_