

7. Permanent Address: _____ with Telephone No: _____
8. E-mail ID: _____
9. Valid Delhi Medical Council/ Delhi Dental Council Regn. No and date: _____
10. Date of completion of Internship: _____

11. Academic Qualifications (MBBS Onwards): Enclose attested photocopies of all Mark sheets & certificates

Exam Passed	Year of passing	Board/ University	Marks in %	No.of Attempts

12. Detail of work experience: Enclose attested photocopies of Experience certificates

Address of the organization and Designation	From	To

Declaration: I solemnly declare that the above statements made by me, are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall liable to be rejected without any notice.

Date: _____

(SIGNATURE OF THE CANDIDATE)

Name: _____

Mobile No. _____

E-mail ID _____

List of Encl:

1. Date of Birth (Class- X Certificate)
2. DMC/ Registration Certificate
3. Internship completion certificate
4. SC/ST/OBC/PH Certificate issued by the competent authority (if applicable)
5. MBBS Certificate
6. MD/MS/DNB/PG Diploma certificate (for SRs only)
7. MBBS Mark sheets
8. MD/MS/DNB/PG Diploma mark sheets
9. Attempt certificates Copies of any other relevant documents.