

CHECK LIST FOR SR (REGULAR/ADHOC) INTERVIEW

DATE: _____ NAME OF DEPARTMENT: _____

CANDIDATE'S NAME: _____ CATEGORY:- _____

EMAIL ID & MOBILE NO. _____

**DOCUMENTS TO BE SUBMITTED ALONGWITH APPLICATION
FORM IN THE FOLLOWING ORDER**

S.NO.	PARTICULARS	✓ / X	REMARKS, IF ANY
1.	Check List		
2.	Application Form		
3.	D.O.B (10 th Certificate)		
4.	Caste Certificate		
5.	Sr. Secondary School Certificate(12 th Certificate)		
6.	MBBS Marksheets & Degree.		
7.	Post MBBS DMC Registration Certificate		
8.	PG Marksheets & Degree		
9.	Post PG DMC Registration Certificate		
10.	SRship, If Any		
11.	Aadhar Card No.		
12.	Address Proof		

Signature of the Candidate

APPLICATION FOR THE POST OF SENIOR RESIDENT IN THE DEPARTMENT OF _____ ON REGULAR BASIS

1. Name of the Candidate:- _____

2. Father/Husband's Name:- _____

3. Date of Birth:- _____

Age in Completed Years & Months on the date of interview:-

4. Local Address:- _____

5. Permanent Address:- _____

6. Email id:- _____ Mb.No.:- _____

7. Category:- SC/ST/OBC/UR _____

8. Valid DMC Registration No. _____

9. Academic /Professional Qualification starting from MBBS/Diploma/PG Degree:-

S.No.	Examination	Total Marks Obtained	% of Marks	Board/University	Month & Year of Passing	No. of Attempts

Signature of the Candidate

10. Experience : Whether worked as Senior Resident Earlier, If so, the period thereof and name and Address of the hospital/ institution. Write N.A. if not applicable.

S.No.	NAME OF EMPLOYER	DESIGNATION	PAY SCALE	NATURE OF DUTIES	PERIOD FROM TO	LAST PAY DRAWN

11. Any additional information Publication/Research:-

DECLARATION:-

I SOLEMNLY DECLARE THAT THE ABOVE STATEMENTS MADE BY ME ARE CORRECT TO THE BEST OF MY KNOWLEDGE. IF ANY OF THE ABOVE INFORMATION IS FOUND TO BE FALSE / INCORRECT, MY APPLICATION/SELECTION MAY BE CANCELLED AT ANY TIME AND I WILL BE SOLE RESPONSIBLE FOR THAT.

Signature of the Candidate

**New Delhi
Dated:**