

2120

APPLICATION FOR THE POST OF SENIOR RESIDENT ON REGULAR BASIS IN LOK NAYAK HOSPITAL

SPECIALITY	
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CATEGORY	UR	OBC	SC	ST	PH
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(Please tick whichever is applicable)

DETAILS OF DEMAND DRAFT:

NO.	DATE	AMOUNT	DRAWN ON BANK

- Name of Applicant (in block letters) _____
- Father's / Husband's Name _____
- Date of Birth _____
- Residential Address (Permanent) _____

- Residential Address (Local) _____

- Contact (Phone No.) (M) _____ (R) _____
- Email ID
- Valid DMC Registration Number with date for concerned specialty _____

8. Academic Qualification

Qualification	Year of passing	Board/University	% of Marks/Division	Number of attempts
MBBS 1 st prof.				
MBBS 2 nd prof.				
MBBS 3 rd prof.				
MBBS 4 th prof.				
PG Degree/Diploma				

09. Whether worked as Senior Resident on regular /Ad-hoc basis:

Name of Institution	Period of appointment	Specialty in which worked

216k

10. Experience (if any) after PG: _____

11. Details of Publications: _____

12. Conference Attended/Presentation: _____

13. Any additional information: _____

Declaration:

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

Dated:

Place:

(SIGNATURE OF APPLICANT)

Enclosure:-
(Enclose as per following order)

Please tick in the box:

- | | | |
|----|--|--------------------------|
| 1. | Copy of Date of Birth Certificate | <input type="checkbox"/> |
| 2. | Copy of Caste Certificate if applicable | <input type="checkbox"/> |
| 3. | Copy of PH Certificate if applicable | <input type="checkbox"/> |
| 4. | Copy of valid DMC for PG Degree/DNB/Diploma | <input type="checkbox"/> |
| 5. | Copy of attempt certificate of MBBS No. of attempts | <input type="checkbox"/> |
| 6. | Copy of attempt certificate of PG Degree/DNB/Diploma | <input type="checkbox"/> |
| 7. | Copies of publications | <input type="checkbox"/> |
| 8. | Demand draft deposited | <input type="checkbox"/> |