

ANNEXURE**GOVERNMENT OF INDIA
PGIMER & DR. RAM MANOHAR LOHIA HOSPITAL : NEW DELHI**Application Form for the Post of **Senior Resident** in **Department** of _____ .

1. Name in Full :
(in block letters)
2. Sex :
3. Age & Date of Birth :
4. Father's Name :
5. Category :
(SC/ST/OBC/Un-Reserved)
6. Person with Disability (PWD) :
7. Nationality :
8. Permanent Address :
(In Block Letters)
9. Address for Communication :
(In Block Letters)
10. Mobile number :
11. e-mail address :
12. Educational Qualification (MBBS onwards)

Affix Latest
Passport Size
Photograph
(Self Attested)

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Number of Failures	Institute/ College	University	Year of Passing
MBBS							
Ist year							
2 nd Year							
3 rd Year (Part-I)							
3 rd Year (Part-II)							
TOTAL							
MD/MS/ DIPLOMA/ DNB							

13. Research Papers published :
if any (Give details & Proof)

:2:

14. Details of service done earlier:

Designation (Senior Resident)	Name of Government Organization	Duration of Tenure		Total Period
		From	To	

15. Medical Registration Number :
and Place of Registration/DMC Registration Number (for PG)

16. Date of PG completion :

Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of PGIMER, Dr. RML Hospital, New Delhi.

(Signature of Candidate)

List of enclosures (all self-attested):

Please Tick Page No.

- | | | |
|---|-----|-----|
| 1. Class 10 th certificate for age proof. | () | [] |
| 2. Mark Sheet of MBBS (Part I, II and Final Year) | () | [] |
| 3. Internship Completion Certificate | () | [] |
| 4. MBBS Attempt Certificate | () | [] |
| 5. MBBS Degree | () | [] |
| 6. MD/MS (PG) Attempt Certificate | () | [] |
| 7. MD/MS Degree/Provisional Pass Certificate from University | () | [] |
| 8. DMC Registration Certificate for PG /Proof of Registration for PG Qualification. | () | [] |
| 9. Proof of publication/presenting paper in conference/Case Report. | () | [] |
| 10. Caste/Community/Disability Certificate (if applicable) | () | [] |
| 11. NOC from present employer (if employed) | () | [] |

(Signature of Candidate)