

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

2181
9631

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

[Signature]
29/1/20
Addl. Medical Superintendent (Adm.)
L. N. Hospital, New Delhi

2166

- 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
- 2. Copy of Caste Certificate if applicable
- 3. Copy of PH Certificate if applicable
- 4. Copy of valid DMC for PG Degree/DNB/Diploma
- 5. Copy of attempt certificate of MBBS No. of attempts
- 6. Copy of attempt certificate of PG Degree/DNB/Diploma
- 7. Copies of publications
- 8. Demand draft deposited