

Application are invited for recruitment to the post of:-

Tick (✓) in column for which candidate is applying.

1.	Three Years Senior Resident under Central Residency Scheme	
2.	One Years Senior Resident against GDMOs	
3.	Full time/Part time Specialists	
4.	Part time Super specialists	

(Fill the form in Block Letters only)

Department for which applying

- 1 Name : _____
- 2 Father's/Husband's Name : _____
- 3 Permanent Address : _____
: _____
- 4 Correspondence Address : _____
: _____
: _____
- 5 Telephone/ Mobile Number : _____
- 6 E-mail ID : _____
- 7 Date of Birth : _____
- 8 Age as on 27-09-2018 : _____ Years _____ Months _____ Days
- 9 Whether Gen/ SC/ST/OBC/ PH/Ex.sm. : _____
- 10 Whether a bonded candidate at present (Yes or No) : _____

Paste recent passport size photograph duly attested by candidate

10 Educational/Professional Qualification :-

Degree/Diploma/PG Degree	Year of Passing	University	No. of attempts	Remarks (if, any)
MBBS/BDS				
PG DIPLOMA ()				
PG DEGREE ()				
DNB ()				
ANY OTHER				

11 Work Experience:

S No	Post held	Name and full address of the employer	Period of Employment		Total Experience
			From	To	
1					
2					
3					

- 12 Whether worked/working as Senior Resident in any Central/State Govt. if yes :1 Period of SRship from _____ to _____
:2 Name of organization & Address _____

- 13 Registration No. _____
- 14 Have you ever been dismissed/debarred or Punished : _____

Declaration:- I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false/incorrect/incomplete or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/cancelled and in the event of any statement/information found false/incorrect even after my appointment, my services are liable to be terminated without any notice. I am citizen of India by birth/domicile.

Date.....

Signature of the candidate:.....

Check list of enclosures attached:

- | | |
|--|----------|
| 1. Date of Birth Certificate | Yes / No |
| 2. Degree Certificate along with attempt Certificate | Yes / No |
| 3. Diploma Certificate along with attempt Certificate, if applicable | Yes / No |
| 4. Experience Certificate, if applicable | Yes / No |
| 5. MCI/ State Medical Council Registration Certificate | Yes / No |
| 6. Caste (SC/ST/OBC/PH) Certificate, if applicable | Yes / No |