

APPLICATION FORM

POST APPLIED FOR	
SPECIALITY/DEPARTMENT	

PASTE RECENT
PASSPORT SIZE PHOTO

S.No.	PARTICULARS	DETAILS FILLED BY THE CANDIDATE					
1	Name in block letters						
2	Father's/Husband Name						
3	Date of birth						
4	Age as on date of interview						
5	Are you citizen of India by birth? or domicile						
6	Permanent Address						
7	Present Residential address						
8	Contact number & E Mail address (in block letters)						
9	Gender: Male/Female/other						
10	Whether SC/ST/OBC/UR (Category under which applied)						
11	Identification mark						
12	Aadhar No.						
13	PAN No.						
14	Whether married/unmarried						
15	Education Qualification with year of passing						
16	DMC Registration No.						
17	Experience (if any) Govt./Pvt. Hospital/Institute (in years/month)	S.No.	Name of the Hospital	From	To	Total period	Attached certificate Y/N

DECLARATION: -

I hereby undertake that all, the information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me found wrong/false at any stage, my candidature for the post will automatically stand cancelled.

Date:

(Name and Signature of the candidate)

TO BE FILLED BY THE CANDIDATE

S.No.	DETAIL OF DOCUMENT	ENCLOSED (Y/N)	REMARKS
1	DATE OF BIRTH (MATRICULATION CERTIFICATE)		
2	DEGREE CERTIFICATE ALONG WITH THE ATTEMPT CERTIFICATE (MBBS)		
3	MD DEGREE/DIPLOMA/DM/MCH/DNB OR EQUIVALENT		
4	INTERNSHIP COMPLETION CERTIFICATE		
5	EXPERIENCE CERTIFICATE (IF APPLICABLE)		
6	CASTE CERTIFICATE (SC/ST/OBC/EWS) IF APPLICABLE. OBC CERTIFICATE NOT LATER THAN 1 YEAR		
7	PH CERTIFICATE IF APPLICABLE		
8	NOC FROM CURRENT GOVT./PVT. HOSPITAL/INSTITUTE		
9	AADHAR CARD NO.		
10	PAN CARD NO.		
11	INCOME AND ASSETS CERTIFICATE		
12	ANY OTHER INFORMATION (NO OF ATTEMPTS/ CERTIFICATE)		

SIGNATURE OF THE CANDIDATE: _____

NAME OF THE CANDIDATE: _____

UNDERTAKING

*Strike out which is not applicable

1. (a) I hereby undertake that I have not done Regular SR' ship Under Residency Scheme for 3 years from any Hospital till date.

(b) I have completed _____ of Regular SR' ship from _____ Hospital, from _____ to _____

2. (a) I hereby undertake that I am not working in any Government Hospital as on the date of interview.

(b) I am working in _____ Hospital as _____ from _____ to till date and NOC from _____ is attached below.

3. I hereby undertake that following documents are not available with me at the time of Interview and I will submit the same before joining / at the time of joining.

a. _____

b. _____

c. _____

d. _____

e. _____

Note: - I hereby declare that all the above information is true and correct in the best of my knowledge if any discrepancies are found my candidature will be cancelled / terminated with immediate effect without any further correspondence.

SIGNATURE -

NAME -

PLACE -

DATE -