

APPLICATION FOR THE POST OF J.R.
Application must be filled in capital letters only

TO
THE MEDICAL SUPDT.
GTB HOSPITAL, GOVT. OF NCT OF DELHI.
SHAHDARA, DELHI-95

SUB: APPLICATION FOR THE POST OF JUNIOR RESIDENT (MBBS) IN GTB HOSPITAL

1. CATEGORY

GENERAL/JR	SC	ST	OBC	PH
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2. NAME OF THE CANDIDATE :
3. FATHER'S/HUSBAND'S NAME :
4. MARTIAL STATUS
(IF MARRIED, MENTION NAME AND OCCUPATION OF SPOUSE)
5. RELIGION :
6. DATE OF BIRTH (IN WORDS)

DAY	MONTH	YEAR

 :
7. AGE AS ON 01.04.16:
8. POSTAL ADDRESS WITH PIN CODE :
9. PERMANENT ADD. WITH PIN CODE :
10. MEANS OF COMMUNICATION : PH. NO: _____ MOBILE NO: _____
11. VALID DMC REGISTRATION NO. :
12. DATE OF COMPLETION OF INTERNSHIP :
13. EXPERIENCE AS JR IN ANY GOVT. HOSPITAL (PERIOD & INSTITUTION IS TO BE SPECIFIED) :
14. ACADEMIC QUALIFICATION :

MBBS(YEAR OF PASSING)					
DATE OF BIRTH					
DATE OF COMPLETION OF INTERNSHIP					
COLLEGE					
UNIVERSITY					
% OF MARKS (FINAL YEAR)					
NO. OF ATTEMPTS	1 ST YEAR	2 ^{ED} YEAR	3 ^{ED} YEAR	4 TH YEAR	
EXPERIENCE AS JR					

DECLARATION: I SOLEMNLY DECLARE THAT THE ABOVE STATEMENTS MADE BY ME ARE CORRECT & TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. FURTHER, I AM DO UNDERTAKE THAT THE ABOVE STATEMENT FOUND FALSE AT ANY STAGE IN FUTURE, MY APPOINTMENT MAY BE CANCELLED AND I SHALL BE LIABLE FOR DISCIPLINARY ACTION WHATEVER DEEMED FIT.

(SIGNATURE OF THE CANDIDATE)

SELF ATTESTED PHOTOCOPIES ARE TO BE ATTACHED:

- a) DATE OF BIRTH CERTIFICATE(X STANDARD)
- b) DMC REGISTRATION CERTIFICATE
- c) MBBS MARK SHEETS (ALL YEARS) ALONGWITH DEGREE
- d) INTERNSHIP COMPLETION CERTIFICATE
- e) ATTEMPT CERTIFICATE
- f) CASTE CERTIFICATE, IF ANY
- g) EXPERIENCE CERTIFICATES IF ANY
- h) ID PROOF AADHAR CARD / DRIVING LICENSE / VOTER ID CARD