

Last date for submission of application: 06.11.17 by 4.00 P.M.

APPLICATION FOR THE POST OF S.R.

Passport size
photograph

To

The Medical Director,
GTB Hospital, Govt. of NCT of Delhi,
Shahdara, Delhi-95

Sub: Application for the post of Senior Resident in department of _____ in GTB Hospital on regular basis.

1. Application fee is acceptable only in the form of Demand Draft issued in the name of Medical Superintendent, GTB Hospital.(Application fee is non-refundable).

| D.D. No. | Amount | Dated | Name of Bank & Branch |
|----------|--------|-------|-----------------------|
| | | | |

2. Category:

| | | | | |
|----|----|----|-----|----|
| UR | SC | ST | OBC | PH |
|----|----|----|-----|----|

3. Name of the Candidate
(IN CAPITAL LETTERS) : _____

4. Father's/Husband's Name
(IN CAPITAL LETTERS) : _____

5. Martial Status
(if married, mention name and
occupation of spouse) : _____

6. Religion : _____

7. Date of Birth : _____ (In words) _____

8. Postal Address with pin code : _____

9. Permanent Add. with pin code : _____

10. Means of communication : Ph. No: _____ Mobile No: 1. _____

Email _____

11. Experience as SR in any Govt. Hospital:-

| S. No | Name of Hospital | Period | | No. of days |
|-------|------------------|--------|----|-------------|
| | | From | To | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

12. Academic Qualification

| | | |
|----|---|--|
| 1 | UG qualification (MBBS/BDS) | |
| 2 | Year of Passing | |
| 3 | Subjects | |
| 4 | College MBBS/BDS | |
| 5 | % of marks (Final Year) | |
| 6 | No. of attempts | |
| 7 | Research/Publications/Journal | |
| 8 | Experience as S.R. at GTBH | |
| 9 | Experience as SR at other hospital | |
| 10 | PG Qualification & date of completion of tenure | |
| 11 | No. of attempts | |
| 12 | Year of passing MS/DNB/Dip. | |
| 13 | College (PG) | |
| 14 | Univ. of MS/DNB*/Dip | |
| 15 | DMC Regn. Number & valid upto | |

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.

Date:

(Signature of the candidate)

Self attested photocopies are to be attached: (a) Date of Birth certificate (10th standard) (b) DMC/DDC registration certificate © MBBS/MD/MS/ MDS/DNB/Dip. Certificate along with mark sheets (d) Internship completion certificate (e) Attempt certificate (f) Degree of MBBS/MD/MS/DNB/Diploma (h) Caste certificate (i) Experience certificates if any (j) ID proof (Aadhar Card/Driving License/Voter ID Card) (k) Copies of publications.