

FORMAT FOR APPLICATION

Photo

Group

1. Name (IN BLOCK LETTERS) :-
2. Father's/Husband's Name :-
3. Postal Address for Correspondence :-
4. Permanent Postal Address :-
5. Contact Telephone No. & e-mail :-
6. (i) Date of Birth (ii) Nationality :-
7. Category (OBC, SC, ST) :-
8. (i) For OBC Candidate please attach certificate from appropriate authority, which is meant for the post under the Central Government of India, and Certified that the Candidate does not belong to Creamy Layer. Date of issue of Certificate should not be earlier than 01.01.15.

(ii) For SC, ST – Certificate should be issued by Tehsildar or above rank officer in format of State Govt./Central Govt. of India.

PH – Certificate must be issued by State/Central Govt. Hospital
9. Year of passing MBBS / BDS & Name of University :-
10. Year of passing M.S. & Name of University :-
11. No. of attempts in passing Final MBBS/BDS :-
12. No. of attempts in passing Final M.S :-
13. Date of Completion of Internship and Name of Institute :-
14. Percentage (Aggregate) in Final MBBS/BDS Examination :-
15. Percentage (Aggregate) in Final M.S. Examination :-
16. Permanent DMC/DDC Registration No. & Place :-
17. Junior Residency (House Job) done previously, if so period and name of Institution :-

18. UNDERTAKING:

I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. In the event of any information found incorrect my candidature will be liable for rejection summarily. I have not done one year Junior Residency (Non-PG) MBBS/Six months Junior Residency (Non-PG) Dental & Maxillofacial Surgery in any hospital.

19. Check list (Please tick in the box given below as proof of enclosures).

Final MBBS/BDS Marks sheet (Part-I &II)	Permanent Registration Certificate	Internship Completion Certificate	Attempt Certificate	All Certificates Attested by a Gazetted Officer

Signature of Applicant