



GOVERNMENT OF INDIA
OFFICE OF THE MEDICAL SUPERINTENDENT
SAFDARJUNG HOSPITAL & V.M.M.C.
NEW DELHI-110029

No. 4-1/2020- Academic

Date:-

Applied for the post of Junior Resident (Non-PG) MBBS.

Affix recent
passport
size photo
& sign
across it

1. Name (IN BLOCK LETTERS) :-
2. Father's/Husband's Name :-
3. Postal Address for Correspondence :-
4. Permanent Postal Address :-
5. Contact Telephone No. :-
6. E-Mail :-
7. (i) Date of Birth- (ii) Nationality-
8. Category (EWS, SC, ST & PWD) :-
9. (i) EWS candidate must attach certificate from appropriate authority, which is meant for the post under the Government of India, and date of issue of Certificate should not be earlier than **01.04.2020**.
(ii) SC, ST candidates attach Certificate issued by Tehsildar or a rank above Tehsildar in the format of State Govt./Central Govt. of India.
(iii) PWD – Certificate must be issued by State/Central Govt. Hospital
10. Year of passing MBBS & Name of University :-
11. Date of Completion of Internship (**after 01.01.2017**) and Name of Institute:-
12. Permanent DMC Registration No. & Place :-
(Provisional certificate & Receipt will not be considered)

13. Junior Residency (House Job) done previously in any Govt. institution,
If so, name of department, period and name of Institution

: - ***Mandatory***

14. UNDERTAKING:

I solemnly verify and declare that the above mentioned statements made by me are correct to the best of my knowledge and belief. In the event of any information found incorrect my candidature shall stand cancelled and the authorities of VMMC and Safdarjung Hospital may take necessary action against me.

I also declare that I have not done junior residency (Non-PG), MBBS for one year or less from any hospital.

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

Permanent Registration Certificate	Internship Completion Certificate	Caste Certificate	Admit Card

Signature of Applicant



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Junior Resident (Non-PG) (Admit card to be filled by the candidates).

Name (In block letters)	
Fathers/Husband Name	
Sex	
Category (EWS, SC,ST, PWD)	
Date of Birth	
Permanent Address	
Nationality	
Roll. No. (To be allotted by the Institute)	

Photo 4cm×5cm Cross signature

Signature

Note: - Candidates kindly download the Admit Card from the Hospital website www.vmmc-sjh.nic.in.