



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

No. 4-1/2017- Academic

Date:-

APPLIED FOR THE POST OF:-

Junior Resident (Non-PG) MBBS:-

Junior Resident (Non-PG) BDS:-

(Please tick mark in the box)

Affix recent
passport
size photo
& sign

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 (Gen., OBC, SC, ST & PWD) :-
9. (i) OBC Candidate must attach certificate from appropriate authority, which is meant for the post under the Central Government of India, and certification that the candidate does not belong to Creamy Layer. Date of issue of Certificate should not be earlier than **01.04.2017**.

(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/BDS & Name of University :-
11. Date of Completion of Internship (**after 01.01.2016**) and Name of Institute:-

12. Permanent DMC for MBBS and DDC & STATE COUNCIL for BDS Registration No. & Place :-
(Provisional certificate & Receipt will not be considered)

13. Payment Receipt No. (To be Attached with application) :-
(Candidate Must be write your name & father's/husband's name on the back of Payment Receipt)

14. Junior Residency (House Job) done previously,
If so, period and name of Institution :- *Mandatory*

15. 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 completed ONE YEAR of JR (Non-PG) MBBS & SIX MONTHS JR (Non-PG) BDS in any other government hospital.

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

Permanent Registration Certificate	Internship Completion Certificate	Caste Certificate	Payment Receipt	Admit Card	All Educational Certificates Attested by Self

Signature of Applicant



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

Name (In block letters)	
Fathers Name	
Sex	
Category (GEN, OBC, SC,ST, PWD)	
Date of Birth	
Permanent Address	
Nationality	
Post Applied For	JR(MBBS) <input type="checkbox"/> JR(BDS) <input type="checkbox"/>
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.**