



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

No. 4-1/2015- Academic

**APPLICATION FORMAT FOR THE POST OF
JUNIOR RESIDENT (Non-PG) BDS.**

Photo

Cross
signed

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 (UR, OBC, SC, ST & PWD) :-
9. (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 01.04.15.

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

(iii) PH – Certificate must be issued by State/Central Govt. Hospital
10. Year of passing BDS & Name of University :-
11. Date of Completion of Internship (after 01.01.2014) and Name of Institute :-
12. Permanent DDC & STATE COUNCIL Registration No. & Place :-
13. Demand Draft No. (To be Attached with application) :-

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

15. 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 SIX MONTHS Junior Residency (Non-PG) BDS in any hospital.

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

Permanent Registration Certificate	Internship Completion Certificate	Caste Certificate	Demand Draft	All Educational Certificates Attested by Self

Signature of Applicant