

Annexure-I

PASSPORT SIZE
PHOTOGRAPH

To,

**The Medical Superintendent,
Safdarjung Hospital & VMMC
New Delhi-110029.**

**Sub:- APPLICATION FOR 10+2 MLT (Voc.) APPRENTICESHIP COURSE FOR
ONE YEAR (2017-18).**

1. Name of Candidate in Hindi:-
In English (In Block Letters):-
2. Father's Name :-
3. Address for Correspondence:-
4. Date of Birth:-
5. Whether SC/ST/OBC(given details):-
6. Particulars of Qualification:-

Subject Branch of Voc. Course	Field	Name of Board/University	Year of passing	Max. Marks	Marks Obtained	%Age of Marks

Certified that I have not done any job training after passing the above examination and that above particulars are correct to the best of my knowledge.

SIGNATURE OF CANDIDATE