

ANNEXURE-I

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| Paste recent passport size photograph |
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To,
Medical Supdt.
VMMC & SJH, N.D.

Application for the post of Sr. Resident in the Department of _____

1. Name of the applicant (In Block letters) : _____
2. Sex : _____
3. Father's /Husband's Name : _____
4. Date of Birth/Age : _____
5. Whether belongs to SC/ST/OBC/UR : _____
6. Whether Physically Handicapped : Yes/No
7. Nationality : _____
8. Correspondence Address (with telephone /
Mobile number) : _____
: _____
9. Permanent Address : _____
: _____

10. Particulars of exam passed (MBBS onwards)

| Name of Exam | Month & year of passing | Class/Division | Attempts | Institute/College & University |
|---------------|-------------------------|----------------|----------|--------------------------------|
| MBBS | | | | |
| MD/MS/Diploma | | | | |
| DNB | | | | |

11. Whether obtained any position in the university if so, a copy of the certificate to be enclosed:
12. Prize obtained if any (copies of the certificate to be enclosed):
13. Extracurricular activities, if any (copies of the certificate to be enclosed):

14. Experience after MBBS:

15. Experience after PG :

16. Whether at present employed, if so, detail of employment. :

17. Medical Registration No. & place of registration: _____

18. List of Enclosures.

I solemnly declare that the above statements made by me in this form are correct to the best of my knowledge & belief.

Dated: _____

Signature of the candidate

