

APPLICATION PROFORMA

Post applied for	SENIOR RESIDENT (NON-ACADEMIC)
Advertisement No.	2021/037 DATED 23 rd DECEMBER, 2021
Department / Speciality	
Date of Interview / Reporting time	10 TH JANUARY, 2022 [MONDAY] / REPORTING TIME: 9:00 AM

Fee details:	Name of bank account holder from where payment is done	Transaction No.	Amount	Date of Payment

CANDIDATE DETAILS:

1	Name of Candidate (in BLOCK letters)								
2	Father's Name							Pas Phot	fix Recent ssport Size ograph duly If attested
3	Date of Birth (in Christian era)								
(Ple	ease attach attested copy	of relevant cer	tificate)						
4	Correspondence Address								
5	Permanent Address								
6	Contact Number				7	Citize	nship		
8	E-mail ID				9	Gende	er		
10	Category	UR	OBC	SC	ST EWS		S	PwBD	
(Ple	ease tick ($$) the appropria	ite category an	nd attach attes	sted copy of re	levant	certifica	ite if see	king R	eservation)



11	EDUCATIONAL QUALIFICATION			
Sr. No.	Exam Passed	Name of Institute	Year of Passing	Grade / Marks Percentage
1	Matriculation			
2	Intermediate			

^{*}Attach separate sheet if required along with attested copies of relevant documents.

12	PROFESSIONAL QUALIFICATION							
Sr. No.	Professional Education	Year of Final Exam	Name of Institute	Name of University	Medals & awards if any	Total percentage obtained / Pass	No. of Attempt	
1								
2								
3								
4								
5								
6								

^{*} Attempt certificate to be submitted. Attach attested copies of relevant documents.

13	EXPERIENCE CERTIFICATE			
Sr. No.	Experience as	Name of Institute	Tenure	Remarks
1				
2				
3				

^{*}Attach attested copies of relevant documents.



	Declaration									
I Dr		S/o / D/o			do hereby	declare	and a	affirm 1	that al	l the
statements	made in thi	is application are	true, complete	and corr	ect to the be	st of my l	knowle	edge an	d belie	f and
nothing ha	s been con	cealed thereon.	In the event	of any i	nformation l	peing fou	nd fal	se or i	incorre	ct or

I further declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the post.

ineligibility detected at any point of time, my candidature shall be liable to be rejected without any notice.

I am not employed in any other Government Institution/ Autonomous body.

OR

I am employed with Government Institution/Autonomous body and if selected, I shall join duty only after acceptance of my resignation from my current employer.

Date:-

Signature of Candidate



Enclosers:

Sr. No.	Certificates	Tick $()$ as applicable
1	Date of Birth and Class X and XII Certificate	
2	Aadhar	
3	MBBS mark sheets	
4	MBBS Certificate	
5	Internship completion certificate	
6	Attempt certificates	
7	MD/MS/DNB certificate	
8	MD/MS/DNB Marksheet	
9	Experience & P.G. completion Certificate	
10	MCI/ SMC registration	
11	No objection certificate from present employer (if applicable)	
12	SC/ST/OBC/EWS/PH certificate issued by the competent authority (if applicable)	
13	Proof of deposit -Application fee	
14	Publications	
15	Copies of any other relevant documents	

Signature of Candidate