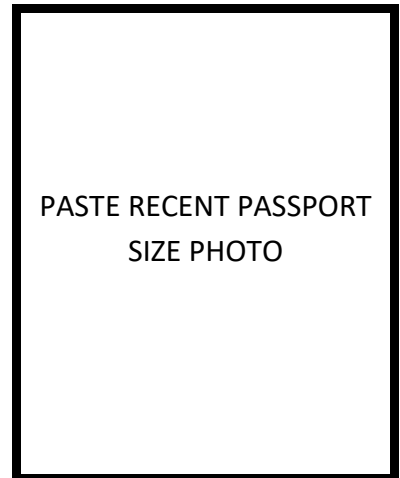


**APPLICATION FORM**

<b>POST APPLIED FOR</b>	
<b>SPECIALITY/DEPARTMENT</b>	



<b>S.No.</b>	<b>PARTICULARS</b>	<b>DETAILS FILLED BY THE CANDIDATE</b>
<b>1</b>	Name in block letters	
<b>2</b>	Father's/Husband Name	
<b>3</b>	Date of birth	
<b>4</b>	Age as on date of interview	
<b>5</b>	Are you citizen of India by birth? or domicile	
<b>6</b>	Permanent Address	
<b>7</b>	Present Residential address	
<b>8</b>	Contact number & E Mail address (in block letters)	
<b>9</b>	Gender: Male/Female/other	
<b>10</b>	Whether SC/ST/OBC/UR (Category under which applied)	
<b>11</b>	Identification mark	
<b>12</b>	Aadhar No.	
<b>13</b>	PAN No.	
<b>14</b>	Whether married/unmarried	

15	Education Qualification with year of passing						
16	DMC Registration No.						
17	Experience (if any) Govt./Pvt. Hospital/Institute (in years/month)	S.No.	Name of the Hospital	From	To	Total period	Attached certificate Y/N

**DECLARATION: -**

I hereby undertake that all, the information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me found wrong/false at any stage, my candidature for the post will automatically stand cancelled.

**Date:**

**(Name and Signature of the candidate)**

**TO BE FILLED BY THE CANDIDATE**

<b>S.No.</b>	<b>DETAIL OF DOCUMENT</b>	<b>ENCLOSED (Y/N)</b>	<b>REMARKS</b>
<b>1</b>	DATE OF BIRTH (MATRICULATION CERTIFICATE)		
<b>2</b>	DEGREE CERTIFICATE ALONG WITH THE ATTEMPT CERTIFICATE (MBBS)		
<b>3</b>	MD DEGREE/DIPLOMA/DM/MCH/DNB OR EQUIVALENT		
<b>4</b>	INTERNSHIP COMPLETION CERTIFICATE		
<b>5</b>	EXPERIENCE CERTIFICATE (IF APPLICABLE)		
<b>6</b>	CASTE CERTIFICATE (SC/ST/OBC/EWS) IF APPLICABLE. OBC CERTIFICATE NOT LATER THAN 1 YEAR		
<b>7</b>	PH CERTIFICATE IF APPLICABLE		
<b>8</b>	NOC FROM CURRENT GOVT./PVT. HOSPITAL/INSTITUTE		
<b>9</b>	AADHAR CARD NO.		
<b>10</b>	PAN CARD NO.		
<b>11</b>	INCOME AND ASSETS CERTIFICATE		
<b>12</b>	ANY OTHER INFORMATION ( NO OF ATTEMPTS/ CERTIFICATE)		

**SIGNATURE OF THE CANDIDATE:** \_\_\_\_\_

**NAME OF THE CANDIDATE:** \_\_\_\_\_

**UNDERTAKING**

**\*Strike out which is not applicable**

1. (a) I hereby undertake that I have not done Regular SR' ship Under Residency Scheme for 3 years from any Hospital till date.

(b) I have completed \_\_\_\_\_ of Regular SR' ship from \_\_\_\_\_ Hospital, from \_\_\_\_\_ to \_\_\_\_\_

2. (a) I hereby undertake that I am not working in any Government Hospital as on the date of interview.

(b) I am working in \_\_\_\_\_ Hospital as \_\_\_\_\_ from \_\_\_\_\_ to till date and NOC from \_\_\_\_\_ is attached below.

3. I hereby undertake that following documents are not available with me at the time of Interview and I will submit the same before joining / at the time of joining.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**Note: - I hereby declare that all the above information is true and correct in the best of my knowledge if any discrepancies are found my candidature will be cancelled / terminated with immediate effect without any further correspondence.**

**SIGNATURE** - .....

**NAME** - .....

**PLACE** - .....

**DATE** - .....