

**APPLICATION FORMAT FOR THE POST OF SENIOR RESIDENTS/DEMONSTRATOR**

**IMPORTANT INSTRUCTIONS**

1. Please read the advertisement carefully before filling this form
2. Use blue or black ball pen for filling this form
3. Tick ✓ in the appropriate box against columns 1,2 and 3
4. This form should be downloaded from net only. Print using Laser Printer. Fill up and submit.

**PHOTOGRAPH**

1. Paste here (do not pin or staple) a recent clear and coloured passport size photograph
2. Photograph should NOT exceed this box

**1. Applying for**

Senior Resident

Senior Demonstrator

Department applied for (in order of choices)

1.	
2.	
3.	
4.	

Code


Applicable in case of Group subjects (1 to 8)

**Note: Department once joined will not be allowed to be changed/shifting.**

**2. Community**

SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>	Others <input type="checkbox"/>
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**3. Sex**

Male <input type="checkbox"/>	Female <input type="checkbox"/>
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**4. Date of Birth**

DATE	MONTH	YEAR
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5. Full Name (in CAPITAL Letters) \_\_\_\_\_

6. Father's/Husband's Name (in CAPITAL Letters) \_\_\_\_\_

**7. Details of Examination Passed (MBBS/BDS, MD, MDS, MHA, M.Sc., Ph. D etc.)**

Degree/Discipline Passed	University/Institution	Month & Year of Passing

\*In the event of not having qualified the degree/diploma, may indicate the expected date, month and year of declaration of result

**8. Details of employment after Post-Graduation (MD/MS/MHA/Ph.D) if any**

Name of the Hospital/Institution	Position Held	Period	
		From	To

**9. Number of publication if any**

Serial No.	Publication

**10. To be completed by the candidate**

**DECLARATION**

I hereby declare that the information furnished by me in the Application Form is correct and nothing has been considered. In case any information furnished by me is found to be false, my candidature for recruitment to the post of SR/SD may be cancelled.

Signature of the candidate: \_\_\_\_\_

Name: \_\_\_\_\_

Address (Permanent): \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

Phone (with STD Code) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

In case In-Service then,

Name of Institution/Hospital \_\_\_\_\_

Name of Employer \_\_\_\_\_

Signature of Authority with seal \_\_\_\_\_

**Note: After the last date, applications received by courier or by any other means will not be accepted, irrespective of the date of booking.**