

DEEN DAYAL UPADHYAY HOSPITAL

CHECK LIST FOR JR (ADHOC) INTERVIEW

CANDIDATE'S NAME: _____ CATEGORY:- _____

EMAIL ID _____

MOBILE NO. _____

DOCUMENTS TO BE SUBMITTED ALONGWITH APPLICATION FORM IN THE FOLLOWING ORDER ONLY

S.NO.	PARTICULARS		REMARKS
1	CHECK LIST		
2	APPLICATION FORM		
3	DOB CERTIFICATE(10 th CERTIFICATE/MARKSHEET)		
4	SR. SECONDARY SCHOOL MARKSHEET / CERTIFICATE		
5	CASTE CERTIFICATE		
6	MBBS DEGREE & MARKSHEET(ALL YEAR)		
7	DATE OF INTERNSHIP/FMG EXAM PASSED		
8	DMC REGISTRATION(MBBS)		
9	JR SHIP IF ANY(Mention no if not done)		
10	AADHAR CARD NO.		
11	ADDRESS PROOF		

Signature of the Candidate

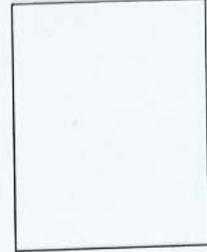
**DEEN DAYAL UPADHYAY HOSPITAL
GOVT OF NCT OF DELHI
HARI NAGAR, NEW DELHI-64**

APPLICATION FOR THE POST OF JUNIOR RESIDENTS ON ADHOC BASIS

RELAXED NORM	AGE	EXPERIENCE
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CATEGORY	UR	OBC	SC	ST	PH
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(Please tick whichever is applicable)



1. Name of Applicant **(in block letters)** :
2. Father's / Husband's Name :
3. Date of Birth :
4. Residential Address Correspondence:
5. Residential Address Permanent :
6. Phone No. :
7. **E mail ID (Mandatory)** :
8. Date of Completion of Internship :
9. DMC Registration Number with Date of Registration in Delhi Medical Council :
10. Academic Qualification:

Exam Passed/Qualification	Year of Passing	Board/University	Marks Obtained	Maximum Marks	Percentage	No. of Attempts
X						
XII						
MBBS-I Prof.						
MBBS-II Prof.						
MBBS-III (1 st Prof.)						
MBBS-III(2 nd Prof.)						

Signature of the Candidate