



GOVERNMENT OF N.C.T OF DELHI
INDIRA GANDHI HOSPITAL
SECTOR-9, DWARKA, NEW DELHI-
110077

राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार
इंदिरा गाँधी हॉस्पिटल
सेक्टर-०९, द्वारका, नई दिल्ली-
११००७७



Application Form for the Post of Senior Resident on Adhoc Basis

Department _____

(All fields are mandatory to be filled)

1. Name of the applicant:
2. Father's /Husband's Name:
3. Mother's name:
4. Marital Status:
5. Gender :
6. Date of Birth:
7. Age as on date of interview : ____ Years ____ Month ____ Days
8. Category: GEN/EWS/PWD/SC/ST/OBC/Others:
9. Correspondence Address with Pin code:
10. Permanent Address:
11. Email ID:
12. Mobile No.
13. Nationality:
14. DMC registration Number with date
of registration in Delhi Medical Council:-
15. Educational Qualification:

Affix a
passport size
photograph

S No.	Education	Board/University	Year of Passing	Total Marks	Marks Obtained	Percentage	No of Attempts
	X						
	XII						
	MBBS						
	MD/DNB/Diploma						

16. Experience: Experience certificate (to be attached) issued by the Competent Authority indicating dates, & Nature of Job (particulars of employments in Chronological order):

Name of Employer/Institute & address	Designation / Post held	Department	Period		Total Duration	Nature of work performed or being performing
			From	To		

17. Additional information, if any:-

18. Character & Antecedents:

- | | |
|---|--------|
| (a) Have you ever been arrested?: | Yes/No |
| (b) Have you ever been prosecuted: | Yes/No |
| (c) Have you ever been kept under detention?: | Yes/No |
| (d) Have you ever been bound down?: | Yes/No |
| (e) Have you ever been fined by a Court of Law?: | Yes/No |
| (f) Have you ever been convicted by Court of Law?: | Yes/No |
| (g) Is any case pending against you in any Court of Law?: | Yes/No |
| (h) Have you ever been involved in any Criminal case?: | Yes/No |

19. Documents attached:

- a.
- b.
- c.
- d.
- e.
- f.
- g.

Date:

Signature of the candidate

Declaration

I _____ D/ S/O _____ solemnly declare that the above statements made by me, are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of my information being found false or incorrect or ineligibility detected at any point of time, I understand that my application/ candidature will be immediately rejected/disqualified without any notice.

I understand and agree to the General Terms and Conditions.

Signature of Candidate
Name of Candidate

Place:

Date: