



GOVT. OF NCT OF DELHI
SANJAY GANDHI MEMORIAL HOSPITAL
MANGOLPURI: DELHI 110 083



Application for the post of Senior Resident

1. Name of the Candidate: - _____
2. Father's/Husband Name: - _____
3. Date of Birth: - _____
4. Marital Status: - _____
5. Age as on Interview Date: - _____
6. Postal Address: - _____

7. Permanent Address: - _____

8. Category -UR /SC/ST/OBC (OBC of Delhi Only)/EWS/ PwD: - _____
9. Mobile No: - _____
10. Email address: - _____

Paste your
recent
passport size
photograph

MBBS (Year of passing)				
DMC Registration No. with validity date				
Date of Completion of Internship				
College Name				
University Name				
% of marks (Final Year)				
NO. of Attempts	1 st year	2 nd year	3 rd year	4 th year
Post Graduate Qualification/(Degree/Diploma)				
No. of Attempts in PG				

11. Experience:.....

I solemnly declare that the above statements made by me are correct to the best of my knowledge and nothing has been concealed thereof.

Further, I do hereby undertake that if above statements found false at any stage in future, my appointment may be cancelled, and I shall be liable for disciplinary action whatever deemed fit.

Place:.....

Date:.....

(Signature of Applicant)



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CHECK LIST FOR AD-HOC INTERVIEW OF SENIOR RESIDENT

DOCUMENTS SUBMITTED WITH THE APPLICATION FORM IS AS UNDER AND FOLLOWING ORDER:

S.NO.	DOCUMENTS	CHECK LIST
1	APPLICATION FORM	
2.	DOB CERTIFICATE (10 TH CERTIFICATE/MARKSHEET)	
3.	CASTE CERTIFICATE	
4.	MBBS MARKSHEET AND DEGREE /CERTIFICATE	
5.	DATE OF COMPLETION OF INTERNSHIP CERTIFICATE	
6.	DMC REGISTRATION (MBBS)	
7.	PG DEGREE/DIPLOMA CERTIFICATE	
8	ATTEMPT CERTIFICATE	
9.	AADHAR CARD	

Place.....

Date.....

(Signature of Applicant)