

APPLICATION FORM

(Please fill all the particulars in Block Letters)

Latest
Passport Size
Photo (Self
Attested)

Walk-in Interview on **04.11.2025**

PARTICULARS OF THE CANDIDATES

For the post of: - (tick wherever applicable)

- ☐ Senior Residents (under Residency Scheme)
- ☐ SR (39 days)

In the department of: - _____

Full Name	
Father's Name	
Spouse's Name (If Married)	
Sex & Blood Group	
Date of Birth & Age	
Mother Tongue	
Identification Mark	
Category	
Email ID	
Mobile Number	
PAN Card Number	
Aadhar Number	
Nationality	
Educational Qualification (after intermediate)	
Other Qualification (if any)	
Correspondence Address	
Permanent Address	

	Details of Previous Employment (in chronological order after graduation)			
Name & Address of the Employer	Period of Employment			Reason of Leaving
	From	To	Total Month(s)	

Have you ever been dismissed or otherwise punished during/after course of your employment/ studies, if YES so furnish details:

.....

Number of Attempts in passing MBBS Examination:

1st Profession _____

2nd Profession _____

3rd Profession _____

Marks of final Examination _____

Self Attested Photocopy of Certificates

1. Matriculation certificate for Age proof.
2. MBBS Certificate/Proof of Educational Qualification (with mark sheets)
3. Two Photographs (Passport Size).
4. Adhar Card
5. PAN Card
6. Caste Certificate for SC/ST/OBC candidates, if applicable.
(Note- OBC candidates are required to submit latest OBC Certificate as per Central Govt. Performa, not more than one year old from the date of Interview.)
7. PG Degree/Diploma Certificate/DM/ MCH/ DNB (Super Specialty) (as applicable)
8. DMC/UPMCI Registration Certificate with MD/MS/DNB qualification.
9. No Objection Certificate from present employer, if applicable.
10. Experience Certificates, if applicable.
11. EWS Certificate, if applicable.

I hereby certify that the above information and particulars submitted by me are correct and complete to the best of my knowledge and belief, in case any information or particulars furnished above are found incorrect/ false/ wrong, of any information being supported at any stage, I shall liable to any course of action as deemed fit.

Signature of the Candidate : _____
Name of the Candidate : _____
Date : _____

UNDERTAKING

*Strike out which is not applicable

1. I hereby undertake that :-
 - I have not done Regular SR'ship from any Hospital till date.
 - I have completed_____of Regular SR'ship from _____Hospital wef_____to_____.
2. I hereby undertake that :-
 - I am not working in any Government Hospital on the date of interview
 - I am working in_____Hospital as _____from_____to till date and NOC from_____is attached.
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.
4. I hereby submit my willingness for candidature/appointment of Senior Resident (on contract) for the period of SR-39 days.

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.

Name-

Signature

Place -

Date -

