

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

PHOTOGRAPH

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

1. Applying for
 Senior Resident Senior Demonstrator Deptt. of _____ Code _____

2. Community
 SC ST OBC Others

3. Sex
 Male Female

4. Date of Birth
 _____ DATE _____ MONTH _____ YEAR

5. Full name (in CAPITAL letters)

6. Father's/Husband's name (in CAPITAL letter)

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

Sl. 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 concealed. 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.