

**NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES, MAWDIANGDIANG, SHILLONG– 18, MEGHALAYA.**

**APPLICATION FOR THE POST OF SENIOR RESIDENT (NON- ACADEMIC)**

Advertisement No:

Name of the Department:

Please attach  
recent  
passport size  
photo

Personal Details (in Block Letters)

1.Full Name																	

2.Father's/ Husband's Name																	

3. Address for Correspondence																	

4. Permanent Address																	

<b>5.Email ID</b>																
<b>6.Contact No.</b>																

<b>7.Date of Birth (as on closing date of application)</b>	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>

<b>8.Nationality</b>	
<b>9.Name of the state to which you belong</b>	
<b>10.Gender</b>	
<b>11.Religion</b>	
<b>12.Community</b>	

<b>13.Category</b>	<b>UR</b>	<b>OBC</b>	<b>SC</b>	<b>ST</b>	<b>EWS</b>
<b>14.If Physically Challenged (OPH category) Percentage Disability</b>					

<b>15.Details of Educational Qualifications</b>			
<b>Examinations Passed</b>	<b>University/Board/Institutions/Council of Examinations</b>	<b>Month, Year of Passing</b>	<b>No. of Attempts</b>
<b>Secondary (10<sup>th</sup>)</b>			
<b>Senior Secondary(12<sup>th</sup>)</b>			
<b>MBBS</b>			
<b>MD/MS/DNB/Diploma</b>			

16	(a)	Are you a sponsored candidates of the State Govt. for pursuing studies in MBBS Course	
	(b)	If yes, whether you have signed a Bond to serve the State Govt. for a mandatory period of 5 years service on completion of MBBS Course	
	(c)	If yes, have you obtained NOC from the state Govt. to apply the post of SRD in the Institute	

17.Date of completion of Internship	
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18.NMC/State Medical Council Registration Number	
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19.Details of work experience:					
Name of organization	Period of service		Designation	Nature of Duties performed	Reason for leaving Services
	From	To			

**I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect, my candidature/services are liable to be terminated without any notice.**

**Place:**

**Signature of Candidate**

**Date:**

### **CHECKLIST FOR THE POST OF SENIOR RESIDENT**

**(Put a tick mark (✓) where ever applicable)**

- |     |  |   |                          |
|-----|--|---|--------------------------|
| 1.  | Certificate of Date of Birth attached  | : | <input type="checkbox"/> |
| 2.  | Certificate of SC/ST/OBC(Non Creamy Layer)/EWS from the Competent Authority attached   | : | <input type="checkbox"/> |
| 3.  | Degree Certificate for MBBS attached   | : | <input type="checkbox"/> |
| 4.  | Mark Sheets for MBBS attached  | : | <input type="checkbox"/> |
| 5.  | Attempt Certificate attached   | : | <input type="checkbox"/> |
| 6.  | Internship completion Certificate attached   | : | <input type="checkbox"/> |
| 7.  | MCI/NMC Eligibility Certificate for candidates(s) Passing from foreign medical Institutions                                      | : | <input type="checkbox"/> |
| 8.  | Screening Test Certificate for Indian Nationals with Foreign Medical Qualifications issued by the National Board of Examinations | : | <input type="checkbox"/> |
| 9.  | MD/MS/Diploma certificate attached   | : | <input type="checkbox"/> |
| 10. | Medical Registration Certificate attached.   | : | <input type="checkbox"/> |
|     | (a) MBBS   |   | <input type="checkbox"/> |
|     | (b) MD/MS/DNB/Diploma  |   | <input type="checkbox"/> |
| 11. | Residence Certificate issued by Competent Authority or Aadhar Card or Voter ID and Passport                                      | : | <input type="checkbox"/> |
| 12. | Character Certificate  | : | <input type="checkbox"/> |
| 13. | Experience Certificate(if applicable)  | : | <input type="checkbox"/> |
| 14. | No Objection Certificate from the present Employer(if employed)  | : | <input type="checkbox"/> |
| 15. | Application duly signed  | : | <input type="checkbox"/> |

**Name of the candidate:**\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### **For Office use only**

**Remarks:**.....  
.....  
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**Checked by:**