



<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:**

**CHECK LIST FOR THE POST OF SENIOR RESIDENT**

**(Put a tick mark ( ) wherever applicable)**

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

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

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

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

**For Office use only**

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