

**NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND  
MEDICAL SCIENCES, SHILLONG – 793018.**

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

Advertisement No:

*Please attach  
recent passport  
size photo*

Personal details (in Block Letters):

<b>1. Full Name</b>															

<b>2. Father's/Husband Name</b>															

<b>3. Address for Correspondence</b>															

<b>4. Permanent Address</b>															

<b>5. E-mail 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>Examination Passed</b>	<b>University/Board/Institution/Council of Examination</b>	<b>Month, Year of Passing</b>	<b>No of Attempts</b>
Secondary (10 <sup>th</sup> )			
Senior Secondary (12 <sup>th</sup> )			
MBBS			

<b>16. Date of completion of Internship</b>	
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<b>17. NMC/State Medical Council Registration Number</b>	
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<b>18. (a) Are you a sponsored candidates of the State Govt. for pursuing studies in MBBS Course.(Yes/No)</b>	
<b>(b) If yes, whether you have signed a Bond to serve the State Govt for a mandatory period of 5 yrs service on completion of MBBS Course.</b>	
<b>(c) If yes, have you obtained NOC from the state Govtto apply the post of JRD in the Institute.</b>	

<b>Details of work experience:</b>					
<b>19. Name of organisation</b>	<b>Period of service</b>		<b>Designation</b>	<b>Nature of Duties performed</b>	<b>Reason for leaving Services</b>
	<b>From</b>	<b>To</b>			

I hereby declare that 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. I \_\_\_\_\_ agree to abide by the terms and conditions of contractual appointment.

Place :

Date :

Signature of the Candidate

**CHECK LIST FOR THE POST OF JUNIOR RESIDENT**  
**(Put a tick mark ( ) wherever applicable)**

- |  |   |                          |
|--|---|--------------------------|
| 1. Certificate of Date of Birth attached   | : | <input type="checkbox"/> |
| 2. Certificate of EWS/SC/ST/OBC (Non Creamy Layer) 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. Medical Registration Certificate attached   | : | <input type="checkbox"/> |
| 8. No Objection Certificate from the present Employer (if employed)  | : | <input type="checkbox"/> |
| 9. Disability Certificate (if applicable)  | : | <input type="checkbox"/> |
| 10. MCI/NMC Eligibility certificate for candidates(s) passing from foreign medical Institutions                                      | : | <input type="checkbox"/> |
| 11. Screening Test certificate for Indian nationals with Foreign Medical Qualifications issued by the National Board of Examinations | : | <input type="checkbox"/> |
| 12. Application duly signed  | : | <input type="checkbox"/> |

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

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

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

**For Office Use Only**

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