



**GOVT. OF NCT OF DELHI
SANJAY GANDHI MEMORIAL HOSPITAL
MANGOLPURI: DELHI 110 083**



Application for the post of Junior Resident (MBBS)

1. Name of the Candidate :- _____
2. Father's/Husband Name :- _____
3. Date of Birth :- _____
4. Age as on Interview Date :- _____
5. Postal Address :- _____

6. Permanent Address :- _____

7. Category -UR /SC/ST/OBC (OBC of Delhi Only)/ PWD:- _____
8. Mobile No :- _____
9. Email address :- _____

Paste your
recent
passport size
photograph

MBBS (Year of passing)				
DMC Registration No. with validity date				
Date of Completion of Internship				
College Name				
University Name				
% of marks (Final Year)				
NO. of Attempts	1 st year	2 nd year	3 rd year	4 th year

10. Experience:.....

I solemnly declare that the above statements made by me are correct to the best of my knowledge and nothing has been concealed thereof.

Further, I do hereby undertake that if above statements found false at any stage in future, my appointment may be cancelled, and I shall be liable for disciplinary action whatever deemed fit.

Place:.....

Date:.....

(Signature of Applicant)