

ANNEXURE-I

To,
The Medical Superintendent,
VMMC & SJH, New Delhi-110029

Paste Latest
Passport
Size
Photograph

**Application for the post of Sr. Resident in the Speciality of _____
(preference if applies in more than one subject)**

1st preference	2nd preference	3rd preference

1. Name of the applicant (**In Block letters**) : _____
2. Name of the applicant in Hindi : _____
3. Category (SC/ST/OBC/EWS/GENERAL) : _____
4. Date of Birth and age : _____
5. Whether DIVYANG (PWD) (write Yes or No) : _____
6. Father's /Husband's Name : _____
7. Sex (Male/Female) : _____
8. Nationality : _____
9. Residential Address (In CAPITAL LETTERS): _____

10. Permanent Address (In CAPITAL LETTERS) : _____

11. Tick correspondence address:

Residential	<input type="checkbox"/>	Permanent	<input type="checkbox"/>
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12. Particulars of exam. passed (MBBS / BDS and onwards)

Name of Exam	Month & Year of passing	Class/ Division	No. of attempts	Name & place of the Institute/College	Name & place of the University
MBBS/BDS					
MD/MS/DNB/ MDS/Diploma					

13. PG QUALIFICATION/SPECIALTY/DISCIPLINE: _____

14. Previous Experience, if any, details thereof :
15. Whether at present employed and if yes, detail of employment & attach copy of NOC from present employer :
16. Permanent DMC Registration No. :
17. Payment receipt (To be attached with the application):
(Candidate must write his/her name & Father's/Husband's name on the back side of payment (transaction) receipt)
18. E-mail :
20. Aadhaar No. :
21. **MOBILE NO.** :
22. **CHECK LIST (PLEASE ENCLOSE CERTIFICATE IN THE FOLLOWING ORDER AND TICK IN THE BOX GIVEN BELOW AS PROOF OF ENCLOSURES).**

Permanent DMC Registration Certificate-MBBS/BDS & MD/MS/DNB	Secondary School Certificate (10 th class)	Payment (transaction) receipt	MBBS Mark-Sheets	Internship Completion Certificate	MBBS Degree
MD/MS/DNB/ MDS Mark-Sheet	MD/MS/DNB/ MDS Degree	EWS/PWD/ Caste Certificate, if applicable	Admit Card(duly filled)	Whether self-attested photocopies of all Certificates/Degree are enclosed with application	

UNDERTAKING:

I solemnly verify and declare that the above mentioned statements made by me are correct to the best of my knowledge and belief. In the event of any information found incorrect, my candidature shall stand cancelled and the authorities of VMMC and Safdarjung Hospital may take necessary action against me.

Note:

1. Permanent Registration Certificate from Delhi Medical Council is mandatory for both MBBS and PG.
2. OBC Candidate must submit the latest OBC certificate issued on or after 01-04-2019 by the competent authority of State/Govt. of India in the format prescribed by DOPT, Govt. of India or for the appointment to the Central Government Job.

Dated:_____

SIGNATURE OF THE CANDIDATE



भारत सरकार
GOVERNMENT OF INDIA
चिकित्सा अधिक्षक का कार्यालय
OFFICE OF MEDICAL SUPERINTENDENT
सफदरजंग अस्पताल एंव वी.एम.एम.कॉलेज
V.M.M.COLLEGE & SAFDARJUNG HOSPITAL
नई दिल्ली – 110029
NEW DELHI-110029

Senior Resident (Admit card)
(To be filled by the candidate).

Name (In BLOCK LETTERS)	
Name in Hindi	
Date of Birth	
Category (GENERAL, OBC, SC,ST,EWS)	
Whether DIVYANG (PWD) (Write YES/NO)	
Sex	
Father's / Husband's Name	
Post Applied For (write SPECIALITY)	
Roll. No. (To be allotted & filled by this Institute)	

Recent Photo
4cm×5cm

With Cross
signature

Signature within the
above box