GOVERNMENT OF N.C.T. OF DELHI
OFFICE OF THE MEDICAL SUPERINTENDENT
ACHARYASHREE BHIKSHU GOVT. HOSPITAL
MOTI NAGAR, NEW DELHI-110015

SELF ATTESTED DOCUMENTS SHOULD BE IN ORDER

NAME OF APPLICANT:-

S.No.	Documents	Attached (Yes/No)	Remark (If any)
1	Application Form with Photographs		
2	DOB Certificate(10th Certificate/Mark Sheet)		
3	Caste Certificate (SC/ST/OBC/EWS/PWDs)		
4	MBBS Mark Sheets and Degree Certificate		
5	Internship Completion Certificate		
6	PG Degree/DNB/Diploma (Mark Sheet)		
7	PG/DNB/Diploma (Degree/Certificate)		
8	DMC Registration (MBBS/PG/DNB/Diploma)		
9	Senior Residency Experience Certificate (If any)		
10	Experience Certificate in case of Non PG		
11	Aadhar Card		
12	PAN Card		

* Candidates have to bring above mentioned Documents in original also with them on the date of Interview.

Date:-

Place:-

(Signature of Applicant)

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Paste here recent passport size photograph.

APPLICATION FORM FOR THE POST OF SENIOR RESIDENT (SR) DOCTORS

1. Speciality in case of Senior Resident_____
2. Name of Candidate (in Block Letter):-_____
3. Father's/Husband Name:-_____
4. Date of Birth:-_____(Age as on Interview Date)_____
5. Postal Address (Local):-_____
6. Permanent Address:-_____
7. Category-SC/ST/OBC (OBC of Delhi Only)/EWS/PWDs:-_____
8. Mobile No. :- 1._____2._____
9. Email address:-_____
10. Aadhar Card Number:-_____Pan Card Number:-_____

9.	MBBS (Year of Passing)				
10.	Number of Attempts	1st Year	2nd Year	3rd Year	4th Year
11	% of Marks (MBBS)				
12	Date of Completion of Internship:-				
13	University Name				
14	PG/DNB/Diploma (Name/Year of Passing)				
15	Number of attempt in PG/DNB/Diploma				
16	DMC Registration No.		DMC Registration valid upto:-		

17. Details of Work Experience :- YES ☐ NO ☐ (if ,Yes, details given below):-

Address of Employer	Designation/ Post held	From	To
Total Experience in Years,Months and Days (YY-MM-DD)			

Undertaking:- I hereby undertaking that I have completed/not completed 03 (Three) Years of Senior Residency anywhere in India.

Declaration:- I do hereby solemnly declare and affirm that the above Information declared by me is correct to the beast of my knowledge and belief and 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 Candidate:-_____