

ANNEXURE-I

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

Paste Latest
Passport
Size
Photograph

Application for the post of Senior Resident in the Speciality of _____

1. Name of the applicant (**In Block letters**) : _____

2. Name of the applicant in Hindi : _____

3. Category (SC/ST/OBC/EWS/UR): _____

4. Whether DIVYANG (Person with Benchmark Disability) (write Yes or No) : _____

5. Date of Birth : _____, Age: _____

6. Nationality : _____

7. Sex (Male/Female) : _____

8. Father's/Husband's Name : _____

9. Present Residential Address (In CAPITAL LETTERS): _____

10. Permanent Address (In CAPITAL LETTERS) : _____

11. Tick correspondence address
(only one):

Residential		Permanent	
-------------	--	-----------	--

12. Particulars of examinations 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					
MD/MS/DNB/ 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. E-mail :

18. Aadhaar No. :

19. WhatsApp Mobile No. :

20 (i) EWS & OBC candidate must attach certificate from appropriate authority, which is meant for the post under the Government of India, and date of issue of Certificate should not be earlier than **01.04.2021**.

(ii) SC, ST candidates attach Certificate issued by Tehsildar or a rank above Tehsildar in the format of State Govt./Central Govt. of India.

(iii) PWD – Certificate must be issued by State/Central Govt. Hospital

21. CHECK LIST (PLEASE ENCLOSE CERTIFICATE IN THE FOLLOWING ORDER AND TICK IN THE BOX GIVEN BELOW AS PROOF OF ENCLOSURES).

Secondary School Certificate (10 th class)	Permanent Delhi Medical Council Registration Certificate MBBS & MD/MS/DNB/Diploma	MD/MS/DNB/Diploma	MBBS Degree Certificate	Experience Certificate (only for experience after MBBS), if any	NOC from present employer, if presently employed

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 MBBS and PG. Provisional certificate and/or Acknowledgement receipt will be considered and submitted at the time of joining.

Dated: _____

SIGNATURE OF THE CANDIDATE