



GOVERNMENT OF INDIA
OFFICE OF THE MEDICAL SUPERINTENDENT
SAFDARJUNG HOSPITAL & V.M.M.C.
NEW DELHI-110029

No. 4-1/2021- Academic

Date:-

APPLIED FOR THE POST OF:-

Junior Resident (Non-PG) MBBS:-

Junior Resident (Non-PG) BDS:-

(Please tick mark in the box)

Affix recent
passport
size photo
& sign

1. Name (IN BLOCK LETTERS) :-
2. Father's/Husband's Name :-
3. Postal Address for Correspondence :-
4. Permanent Postal Address :-
5. Contact Telephone No. (Whatsapp No.) :- :-
6. E-Mail :-
7. (i) Date of Birth- (ii) Nationality-
8. Category (Gen.,EWS, OBC, SC, ST & PWD) :-
9. (i) EWS & OBC Candidate must attach certificate from appropriate authority, which is meant for the post under the Central Government of India, and certification that the candidate does not belong to Creamy Layer. 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
10. Year of passing MBBS/BDS & Name of University :-
11. Date of Completion of Internship (after **01.01.2020**) and Name of Institute:-

12. Permanent DMC for MBBS and DDC & STATE DENTAL COUNCIL for BDS
Registration No. & Place :-
**((Receipt will be considered but original DMC (For MBBS) and DDC or State
Dental Council (For BDS) required before the joining, if selected))**
13. Payment Receipt No. (To be Attached with application) :-
(Candidate Must be write your name & father's/husband's name on the back of
Payment Receipt)
14. Junior Residency (House Job) done previously,
If so, period , Department Name and name of Institution :- *Mandatory*

15. 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.

I also declare that I have not completed ONE YEAR of JR (Non-PG) MBBS or BDS in any other government hospital.

16. Check list (Please tick in the box given below as proof of enclosures).

Permanent Registration Certificate	Internship Completion Certificate	Caste Certificate	Payment Receipt	Admit Card

Signature of Applicant



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Junior Resident (Non-PG) (Admit card to be filled by the candidates).

Name (In block letters)	
Fathers Name	
Sex	
Category (GEN, EWS, OBC, SC, ST, PWD)	
Date of Birth	
Permanent Address	
Nationality	
Post Applied For	JR(MBBS) <input type="checkbox"/> JR(BDS) <input type="checkbox"/>
Roll. No. (To be allotted by the Institute)	

Photo 4cm×5cm Cross signature
Signature

**Note: - Candidates kindly download the Admit Card from the Hospital website
www.vmmc-sjh.nic.in.**