## APPLICATION FORMAT FOR THE POST OF SENIOR RESIDENTS/DEMONSTRATORS

## **IMPORTANT INSTRUCTIONS**

- A. Please read the advertisement carefully before filling this FORM
- B. Use blue or black ball pen for filling this FORM
- C. Tick ( ) in the appropriate box against columns 1, 2 and 3

## **PHOTOGRAPH**

- 1. Paste here (do not pin or staple) a recent clear and coloured passport size photograph
- 2. Unattested photograph should **NOT** exceed this box.

1.	Applying for			
	Senior Resident Senior Demonstrator	Group No.		
2.	Community 3. Sex	4. Date of Birth le Female DATE MON	5. Nationality	
	SC ST OBC OPH Others Ma	le Female DATE MON	TH YEAR	
6.	Full Name (in <b>CAPITAL</b> letter)	•		
7.	Father's/Husband's Name (in CAPITAL letter)			
8. Details of Examination Passed (MBBS/BDS, MD, MDS, MHA, M.Sc., Ph.D etc.)				
ο.	Degree/Discipline Passed	University/Institution	Month & Year of Passing	
	Degree, Discipline Lassea	omversity, institution	World & rear of rassing	
	<ul> <li>In the event of not having qualified the degree, may indicate the expected date, month and year of declaration of result.</li> <li>Details of employment after Post-Graducation (MD/MS/MHA/Ph.D) if any (in Governmental Hospitals/Institutions only)</li> </ul>			
9.	Details of employment after Post-Graducation ( Name of the Hospital/Institution	Position held	Period	
	Name of the Hospital/Institution	Position field	From To	
			110111	
10. Number of publications, if any				
	S. No. Publications			
11. To be completed by the candidate				
DECLARTION/UNDERTAKING				
I hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed.				
In case any information furnished by me is found to be false, my candidature for recruitment to the post of SR/SD may be				
cancelled.				
Ma	Signature of the Candidate Name			
Address (Permanent)				
Address (Mailing)				
	Phone (with STD Code) Mobile			
Email Fax				
In second Complete them (in Consequence and all Insertitude (Insertitude and English )				
In case In-Service then, (in Governmental Hospitals/Institutions only)  Name of Institution/Hospital				
Name of Employer				
Signature of Authority with seal				

## Note:

- 1. Enclosed DOB, MBBS/BDS/MD/MDS/MHA/Ph.D, Cast Certificate and Experience Certificate, etc.
- 2. After the last date, applications received by courier or by any other means will not be accepted, irrespective of the date of booking.