

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES
AND GURU TEG BAHADUR HOSPITAL,
DILSHAD GARDEN, DELHI-110095.**

APPLICATION FORM FOR JUNIOR RESIDENCY

| | | | | |
|----|---------------------------------|---|----------------------|--|
| 1. | Name in BLOCK LETTERS | : | <input type="text"/> | <div style="border: 1px solid black; padding: 10px; width: 100px; height: 100px; margin: 0 auto;">SPACE OF PHOTO</div> |
| 2. | Father's/Husband Name | : | <input type="text"/> | |
| 3. | Date of Birth | : | <input type="text"/> | |
| 4. | Religion | : | <input type="text"/> | |
| 5. | Category | : | <input type="text"/> | |
| 6. | Postal Address in BLOCK LETTERS | : | <input type="text"/> | |

7. Permanent Address :

8. Aadhaar Card No. :

9. Contact No. :

10. Academic Qualification

| MBBS(Year of Passing) | | | | |
|-----------------------|------------------------------|------------------------------|--|-------|
| MBBS | 1 st Professional | 2 nd Professional | Final Professional (Part-I + Part-II) | Total |
| No. of Attempts | | | | |
| Marks | | | | |
| % of Marks | | | | |

11. Date of Completion of Internship :

12. Experience, if any :

13. DMC Registration No. (attach copy) :

14. Whether SC/ST (if yes, attach copy of the certificate)

15. *I.P.O. No. & Date for Rs. 100/- (Rs.20/- in case of SC/ST)

*I.P.O. to be drawn in favour of **"THE MEDICAL DIRECTOR, G.T.B. HOSPITAL"**, Dilshad Garden, Delhi-110095.

DECLARATION

I SOLEMNLY DECLARE THAT THE ABOVE STATEMENTS MADE BY ME ARE CORRECT & TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, FURTHER, I UNDERTAKE THAT IF THE ABOVE STATEMENT IS FOUND FALSE AT ANY STAGE IN FUTURE, MY APPOINTMENT MAY BE CANCELLED AND I SHALL BE LIABLE FOR DISCIPLINARY ACTION WHATEVER DEEMED FIT.

SIGNATURE OF THE CANDIDATE

Date :