

APPLICATION FOR THE POST OF JUNIOR RESIDENT**AT Dr.RADHAKRISHNAN GOVT. MEDICAL COLLEGE, HAMIRPUR (HP)****APPLICATION FORM**

1. Preferences of Departments for the post of Jr. Resident:

i) _____ ii) _____ iii) _____

2. Name of applicant: - _____

3. Father's / Husband Name: - _____

4. Date of Birth: - _____

5 Educational Qualification (Professional) _____

6. Permanent Home Address: - _____

7. Corresp. Address: _____

8. Present place of posting(in case GDO):- _____

9. MCI/NMC Regd.No. & Year _____ (attach copy of registration certificate)

10. Contact No/e-mail: - _____

11. Whether GDO/GDO Contract /Direct Candidate _____

12. Detail of application fee/DD No./Date _____

13. Whether Service Certificate countersigned by CMO attached(Y/N) : _____

14. Educational and Professional Qualification _____

Please paste self
attested recent
passport size
photograph here

S. No.	Exams	Maximum Marks	Marks Obtained	Percentage/Grade
1	First Professional			
2	Second Professional			
3	Final Professional			
	Total Marks			

UNDERTAKING

I, hereby, declare that, the entries made by me in the Application Form are complete and true to the best of my knowledge and based on records. I hereby, undertake to present the original documents on the designated date of personal appearance. I shall be solely responsible for any wrong information supplied by me. I shall abide by the relevant policy/instructions/notifications regarding the appointment.

Dated:

Name & Signature of the Applicant.

Place: