



Format of Application

*Candidates are advised to read the detailed advertisement carefully prior to filling the application form. The candidate must ensure that he/she has an active e-mail ID and Mobile number. The e-mail ID and the Mobile number are required to be preserved till publication of final result. The candidate must also ensure the availability of all the relevant documents/ certificates at the time of submitting scanned copy of application form in a **single PDF file**.*

This application form can be converted to "Word" format.

*Candidate's Color Photo
The photograph of the candidate must contain his/ her full face, both ears and neck, in frontal view with a neutral, non-smiling expression and with open eyes directed at the camera.*

- Advertisement No. & Year
- Post applied for:

S	E	N	I	O	R		R	E	S	I	D	E	N	T
---	---	---	---	---	---	--	---	---	---	---	---	---	---	---
- Department in which applied:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- Choice of Mode of appearing in the Interview: (Offline only):

O	F	F	L	I	N	E
---	---	---	---	---	---	---
- Name in CAPITAL letters:

- Gender: Male/Female/Other

--	--	--	--	--	--
- Father's/Husband's Name:

- Date of Birth:

		X			X				
--	--	---	--	--	---	--	--	--	--
- Age on 15.06.2025:

		Y			M			D	A	Y	S
--	--	---	--	--	---	--	--	---	---	---	---
- Category of the Candidate (please write): UR/EWS/OBC/SC/ST:

--	--	--
- Caste:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

12. Post advertised under Category: (UR/ EWS/ OBC/ SC/ ST)

--	--	--

13. Qualifications (MBBS/MD/MS/DNB/PG Diploma/BDS/ MDS etc. with Certificates)
Rows may be added as per requirement.

Sl.	Qualifications	College	Board/ University	Year of Passing	Marks Obtained	Total Marks	Marks in %	Attempts
1								
2								
3								
4								
5								

14. Experience (as per the post notified) Govt. /Pvt. Hospital/Institution (in Years / Months) with Certificates:

Sl.	Position held	Institution	From	To	Total- in years	Teaching/ Non-Teaching	Regular/ Contract
1							
2							
3							
4							
5							

15. List of Publications: (Only NMC approved Publications will be considered)

Sl.	Title (Vancouver Style)	Author Position	Name of Journal	Name of Indexing Body
1				
2				
3				
4				
5				

16. Details of Paper/Oral/ Poster presentation in Conference:

Sl.	Title of Presentation	Year	State/ National/ International	Oral/ Poster
1				
2				
3				
4				
5				

17. Details of Special Training in concerned speciality:

Sl.	Name of Training	Year	Name of Conducting Body
1			
2			
3			
4			
5			

18. Details of Award/ Distinction/ Honours in the Subject:

Sl.	Name of Subject	Passing Year	Obtained marks in Percentage (Hons.)	Award, if any
1				
2				
3				
4				

19. NMC/State Medical Council/ Dental Council of India/ State Dental Council (Tick √)

(i) Registration No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(ii) Name of the State (If registered under State Medical Registration Council)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(iii) Date of Registration:

		X			X				
--	--	---	--	--	---	--	--	--	--

20. Contact No (Mobile):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

21. E-mail (in CAPITAL letters):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

22. Postal Address:

Post Office:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

District:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PIN:

--	--	--	--	--	--	--	--

23. Present working status:

(i) Name of the Employer:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(ii) Designation:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(iii) Date of Joining:

		X			X				
--	--	---	--	--	---	--	--	--	--

24. Marital Status: Single/ Married:

--	--	--	--	--	--	--

25. Nationality: Indian/ Other:

--	--	--	--	--	--	--

26. Mother Tongue:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

27. Details of Identity Certificate (02 out of 03 are required):

(i) Aadhaar No:

--	--	--	--	--	--	--	--	--	--	--	--

(ii) Voter Id:

--	--	--	--	--	--	--	--	--	--	--	--

(iii) PAN:

--	--	--	--	--	--	--	--	--	--

28. Identification Mark:

29. Interview Fee: Applicable: Yes/ No?

--	--	--

If Interview Fee is not applicable, then reason:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(SC/ST/Female/ ESIC (Regular Employee)/, Defence Ex-servicemen & PH)

If Yes, D. D. No.

--	--	--	--	--	--

Issuing Date:

		X		X					
--	--	---	--	---	--	--	--	--	--

Name of the Issuing Bank:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Branch of Bank:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DECLARATION

I undertake that all the above information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me, if found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date:

(Signature of Candidate)

Important

(Read before filling forms)

- Incomplete application is liable to be rejected.
- Form should be filled by candidate in person with clear and CAPITAL letters.
- Photograph should be with clearly visible face, both ears & signed across.

XXX

Checklist

List of documents which are to be submitted with Application Form.

Sl.	Name of Documents	Submitted: Yes/ No, If No, Reason?
1	Demand Draft of Rs. 500/- as Interview Fee, if applicable	
2	Admit Card/ Certificate of Class 10 th for Date of Birth	
3	All Marks Sheets of MBBS	
4	Attempt Certificate of MBBS	
5	Degree Certificate of MBBS	
6	All Marks Sheets of MD/MS/DNB	
7	Attempt Certificate of MD/MS/DNB Examination	
8	Degree Certificate of MD/MS/DNB Examination	
9	EWS/OBC/SC/ ST Certificate, when applicable	
10	NMC/ State Medical Council Registration Certificate (updated)	
11	Aadhaar Card	
12	Proof of Publications, Certificate of Training, Attendance in the Conference/ Workshop/ Seminar, if any	
13	NOC from Current Employer, if applicable	
14	Relieving Certificate from previous Employer, if applicable	
15	Experience Certificate, if applicable	
16	Any other	

Date:

Signature of Applicant:

Name of Applicant: