BHABHA ATOMIC MEDICAL D	RESEARCH CENTRE Application No
APPLICATION FOR	THE POST OF
	SPECIALITY РНОТО
POST GRADUATE RESIDENT MEDICAL OFFICER	
1. Name in full beginning with : Dr. Surname (in block letters)	(Smt./Kum)

:

: <u>Married / Single / Widower / Widow</u>

5.	Address in block letters	:
	(a) for correspondence with PIN code	
		:
	Telephone/Mobile No.	:
	Email ID	:
	(b) Permanent Address	:
6.	Whether the applicants belongs	:

Age & Date of Birth (in Christian era) : _____

6. Whether the applicants belongs To SC/ST (if yes, please state SC or ST & Name of sub-caste)

2.

3.

4.

Nationality

Marital Status

Educational and Professional Qualification from SSC onwards:-7.

Sr.	Examination	University/Board/	Year of	Subjects	Class & %
No.	passed	Institution	passing		of marks
1.	SSC				
2.	HSC				
3.	MBBS				
4.	MD/MS/DNB				
5.	Appeared/ Due to appear				

8. Experience & Academic achievement publications and Conference attended (Particulars of All previous and present employment are to be furnished)

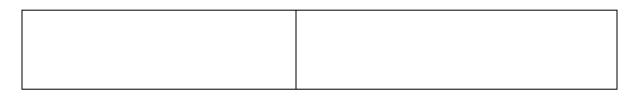
Experience in concerned speciality & No. of years	Academic achievement/publication and Conference attended

9. Details of Internship – Name of Hospital: _____

Period of Internship: From______ To _____

Registration	No.	&	Date:	

10. Name & address of 2 persons to whom a reference can be made regarding your Professional competence



11. Details of relatives employed in D.A.E. or its Constituent Units:-

Sr. No.	Name of Relative	Relationship	Unit in which employed	Post held

- 12. Any other information you may wish to add:
- 12. List of attested documents attached (Put [X] in the applicable box).

a)	School Leaving Certificate (for Date of Birth)	[]
b)	Mark sheets of Educational & Professional Qualification	[]
c)	Passing Certificate	[]
d)	Experience certificate	[]
e)	MMC/MNC/MPC/DCI/IPA Registration Certificate	[]
f)	SC/ST certificate	[]
g)	Physically handicap	[]

Date:_____

Signature:_____

BHABHA ATOMIC RESEARCH CENTRE MEDICAL DIVISION

APPLICATION FOR THE POST OF

RES	SIDENT MEDICAL OFFICER	ICCU
1.	Name in full beginning with Surname (in block letters)	: Dr.(Smt./Kum)
2.	Nationality	:
3.	Marital Status	: Married / Single / Widower / Widow
4.	Age & Date of Birth (in Chris	tian era) :
5.	Address in block letters (a) for correspondence	:
	Telephone/Mobile No.	:
	Email ID	:
	(b) Permanent Address	:
6.	Whether the applicants belor	ngs

6. Whether the applicants belongs to SC/ST (if yes, please state SC or ST & Name of sub-caste)

7. Educational and Professional Qualification from SSC onwards:-

Sr. No.		University/ Board/ Institution	Year of passing	Subjects	Class & % of marks
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2.	HSC				
3.	MBBS				

8. Experience & Academic achievement publications and Conference attended (Particulars of All previous and present employment are to be furnished)

Experience in concerned specialty & No. of years	Academic achievement/publication and Conference attended
Details of Internship – Name of	of Hospital:
Period of Internship: From	To

Registration No. & Date: _____

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