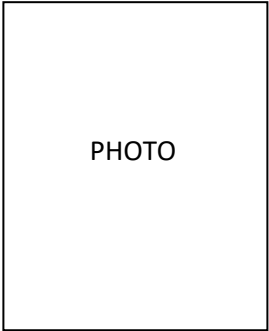


APPLICATION FOR THE POST OF
SPECIALITY

POST GRADUATE RESIDENT MEDICAL OFFICER



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 Christian era) : _____

5. Address in block letters : _____
(a) for correspondence with PIN code: _____
: _____
: _____

Telephone/Mobile No. : _____

Email ID : _____

(b) Permanent Address : _____

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.	Examination passed	University/Board/ Institution	Year of passing	Subjects	Class & % 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

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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:

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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: _____