

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GURU TEG BAHADUR HOSPITAL, DELHI-110095**  
**APPLICATION FORM FOR JUNIOR RESIDENCY**

RECENT  
PASSPORT SIZE  
PHOTOGRAPH

1. NAME OF THE CANDIDATE : \_\_\_\_\_  
 (IN CAPITAL LETTERS)
2. FATHER'S/HUSBAND'S NAME : \_\_\_\_\_  
 (IN CAPITAL LETTERS)
3. RELIGION : \_\_\_\_\_
4. CATEGORY : \_\_\_\_\_ (IF, SC/ST/OBC, ATTACH SELF ATTESTED PHOTOCOPY OF CERTIFICATE)
5. DATE OF BIRTH : \_\_\_\_\_ (IN WORDS)
6. POSTAL ADDRESS WITH PIN CODE: \_\_\_\_\_  
 \_\_\_\_\_
7. PERMANENT ADD. WITH PIN CODE: \_\_\_\_\_  
 \_\_\_\_\_
8. CONTACT NO. : PHONE. No: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_
9. VALID DMC REGISTRATION NO. : \_\_\_\_\_
10. DATE OF COMPLETION OF INTERNSHIP : \_\_\_\_\_
11. AADHAAR CARD NO. : \_\_\_\_\_
12. PAN NO. : \_\_\_\_\_
13. ACADEMIC QUALIFICATION :

MBBS (YEAR OF PASSING)	Part-I + II			TOTAL
MBBS	1 <sup>ST</sup> PROFESSIONAL	2 <sup>ND</sup> PROFESSIONAL	FINAL PROFESSIONAL (Out of 1300)	
NO. OF ATTEMPTS				
MARKS				
% OF MARKS				

14. EXPERIENCE, IF ANY: \_\_\_\_\_
15. I.P.O. NO. \_\_\_\_\_ DATE \_\_\_\_\_ FOR RS. 100/- (RS.20/- IN CASE OF SC/ST) (EARLIER PROVIDED)

**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.

DATED: \_\_\_\_\_

**(SIGNATURE OF THE CANDIDATE)**