



**Dr. BABA SAHEB AMBEDKAR HOSPITAL
(GOVT. OF NCT OF DELHI)
SECTOR 6, ROHINI, DELHI 110085**

APPLICATION FOR THE POST OF SENIOR RESIDENT (Specialty)

1. **Category:** SC ST OBC (DELHI) GENERAL PH
2. **NAME:** _____
3. **FATHER'S NAME:** _____
4. **GENDER:** _____ - _____
5. **Date of Birth/ Age:** _____
6. **Email Address:** _____
7. **DMC No:** _____
8. **Aadhar Number:** _____

Affix recent passport size photograph

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9. Correspondence Address:

Pin Code: _____

10. Permanent Address(If different from provided above):

Pin Code: _____

11. For Official use only. Do Not Write anything in Box given below:

Fresh/ Relaxed		Candidate not to write anything in this box. This Box is for official use only
Age		
category		
No of Attempt		
SPECIALITY		
PG/ DIPLOMA		
SR ship done/ not		
DMC verified	DMC certificate should have recognized specialty	



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12. Academic Qualification

Qualification		Year of passing	No. Of Attempts	College/ University
PG/ Diploma (Specialty)	MS/ MD/ DNB/ Diploma (Specialty)			
DM/DNB/MCH	DM/ DNB/ MCh (Specialty)			

13. Details of Work Experience/Senior Residency (If any)

S. No	Hospital/Institution	Post / Specialty	Duration (with date)

14. Number of Publications in Indexed Journal: _____

15. Suffering from any disease: _____

16. Additional Information, If Any: _____

I solemnly declare that the above statement made by me are correct to the best of my knowledge and nothing has been concealed thereof. If any information given above is found false /incorrect my candidature /service may be terminated.

Dated:

Signature of Candidate

List of encl:

1. Copy of PG Degree/DNB /Diploma/Super specialty including mark sheet & degree
2. Copy of publications (Indexed Journal)
3. DMC certificate
4. Attempt certificate
5. Age proof document
6. Category document (OBC of Delhi)
7. Aadhar Card Photocopy



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UNDERTAKING

(For The Post of Senior Residents In Dr. BSA Hospital, Rohini, Sector-06, Delhi-110085)

I Dr. _____ S/o,W/O,D/o _____

R/o _____

Hereby solemnly declare that:

1. (a) I have not done Senior Residency at any Govt. Hospital/Institution in India.

OR

(b) I have done Senior Residency at *(name & address of place)* _____

From _____ to _____ i.e. a period of _____ years and _____ months.

2. (a) I am registered with Delhi Medical Council. (MBBS, Specialty _____)

OR

(b) I am registered as a MBBS in DMC (Delhi Medical Council), and shall get myself registered as a Post Graduate/ Super specialty within one month of selection and my salary may be released only on submission of DMC Registration as Post Graduate/ Super specialty Doctor in the concerned specialty.

If the information given above is found false/incorrect my candidature /service may be terminated and action as per rules /laws may be initiated.

Date: _____

Signature: _____

Place: _____

Name: _____

(Strike off whichever is not applicable)