

APPLICATION FORM

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE
 Raisen Bypass Road, Karond, Bhopal – 462038
 (A 350 Bed Super-Specialty Hospital Department of Indian Council of Medical
 Research (ICMR), Department of Health Research (MoHFW), Govt. of India

Affix a
 recent
 Pass Port
 Size
 Photograph

Advt. No. 116/2022**Walk – in – Interview on 05/12/2022 & 06/12/2022****Application for the Post of Junior Resident**

<u>Details of Demand Draft</u>	<u>Tick the Applicable Category</u>
DD No. <input type="text"/> Date: <input type="text"/>	General <input type="checkbox"/> Scheduled Caste <input type="checkbox"/>
Amount <input type="text"/>	Scheduled Tribe <input type="checkbox"/> Other Backward Class <input type="checkbox"/>
Name of the Bank <input type="text"/>	Physically Handicapped (PH) <input type="checkbox"/> (Enclose proof of Caste Certificate issued by a Competent Authority)

1. Name of the Applicant: _____

2. Sex: Male / Female (tick applicable word) Marital Status : Married / Unmarried

3. Father's/Mother's Name: _____

4. Spouse Name: _____

5. Date of Birth: _____ (in words) _____

6. Age as on **05/12/2022**.

Years	Months	Days
-------	--------	------

7.

8. Present Address: _____

_____ Telephone _____

E-mail: _____

9. Permanent Address: _____

_____ Telephone _____

10. Nationality

11. Permanent MCI / State Medical Council Registration No. :

12. MBBS : Registration No. _____ Place _____

Contd..

13. Educational Qualification: (Enclose photocopies of degree/ diploma certificates & mark sheets)

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	No. of Attempts	Month & Year of Passing	College & University	Award / Distinction
MBBS (I Prof.)							
II Prof.							
Final (Part-I)							
Final (Part-II)							
Total of all MBBS Exams							

14. Experience: (Enclose copies of Work Experience Certificates) if any

Name of the Government Organization with full address	Designation	Duration of Tenure		Total Period
		From	To	

(Use separate sheet if space is inadequate)

15. Check List: (Please tick in the box given below as proof of enclosures. All Certificates must be self attested and be attached in the following order:

- Certificate in support of age (10th class passing certificate) →
- Degree certificate of MBBS →
- Registration Certificate with MCI/ State Medical Council (M.P.) →
- MBBS Passing Certificate and mark sheets. →
- Internship completion certificate. →
- Undergraduate attempt Certificate →
- Caste/community/disability/EWS certificate where applicable. →
- OBC certificate only as per Annexure III with required validity as mentioned at para 5(b) above. →
- Experience certificate (if any) →
- No objection certificate (if any) →

DECLARATION

I, _____ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information is concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place: _____

Date: _____

(Signature of the applicant)

Full Name: _____

16. **Declaration** : (Only for OBC & EWS category candidates)

ANNEXURE-II

Government of _____
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____ Date : _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____ village/street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income * of his/her 'family' ** is below Rs. 08 lakh (Eight Lakh only) for the financial year _____. His/ her family does not own or possess any of the following assets. ***

1. 5 acres of agricultural land and above
2. Residential flat of 1000 sq.ft. and above
3. Residential plot of 100 sq. yards and above in notified municipalities.
4. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri./Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Class (Central list).

Recent Passport
Size attested
Photograph of
the applicant

Signature with seal of
Office _____
Name _____
Designation _____

*Note: 1. Income covered all sources i.e. salary, agriculture, business, profession etc.

**Note: 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of the 18 years.

*** Note 3: the property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status. 1

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING
FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./ Kumari_____son/daughter of
_____of village/town_____in District/
Division_____in the State/Union Territory _____
belongs to the_____community which is recognized as a backward
class under the Government of India, Ministry of Social Justice and Empowerment's Resolution
No._____dated_____. Shri/Smt./Kumari _____
and/or his/her family ordinarily reside (s) in the_____District/
Division of the_____State/Union Territory. This is also to certify that he/she
does not belong to the persons/sections (Creamy layer) mentioned in Column 3 of the schedule to
the Government of India. Department of Personnel & Training OM No. 36012/22/93-Estt. (SCT)
dated 08.09.1993 and its subsequent revision through OM No. 36033/3/2004-Estt. (Res.) dated
9.3.2004 and 14.10.2010 and OM No. 36033/01/2013-Estt. (Res.) dated 27.05.2013.**

District Magistrate
Deputy Commissioner etc.

Dated:

Seal

* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

Note: The term "Ordinarily" used here with have the same meaning as in Section 20 of the Representation of the People Act, 1950.