Ref: File No: E/Med/SR/74/2022	Advt.No. NRCH/SR/2022-23/01
To,	Advision Michigary 2022 23/01
The Medical Director	PASTE A RECENT PASSPORT SIZE
Northern Railway Central Hospital,	COLOR PHOTOGRAPH, WITH
Basant Lane , New Delhi	NAME & DATE IN FRONT & SELF ATTESTED
	& SELF ATTESTED
	N OF FACTS OR FALSE INFORMATION WILL LEAD TO CANCELLATION OF
CANDIDATURE) 1 Name (BLOCK LETTERS)	
1.Name (BLOCK LETTERS)	
2. D.O.B 3. Age	on Date of Advt (as Yrs, Months &Days)
4. Category-(UR/OBC/SC/ST/EWS)	
	MOBILE No
Father's Name & Address	
Occupation & details of Employment	
	MOBILE No
Occupation & details of Employment	
7.APPLICANTS Present Address & Mailing PIN CODE	g Address (BLOCK LETTERS)
PIN CODE	
	CK LETTERS)
9. APPLICANTS Permanent Address (BLOC	CK LETTERS)PIN CODE
9. APPLICANTS Permanent Address (BLOC B. Means of Communication with	PIN CODE th APPLICANT (Please pay attention & fill in correct details):
9. APPLICANTS Permanent Address (BLOC B. Means of Communication with 1.E.Mail Address (in BLOCK LETTERS):	PIN CODE th APPLICANT (Please pay attention & fill in correct details):
9. APPLICANTS Permanent Address (BLOC B. Means of Communication wit 1.E.Mail Address (in BLOCK LETTERS): 2. Mobile Nos:	PIN CODE th APPLICANT (Please pay attention & fill in correct details): 3. Landline No (with STD Code)
9. APPLICANTS Permanent Address (BLOC B. Means of Communication wit 1.E.Mail Address (in BLOCK LETTERS): 2. Mobile Nos: C. APPLICANTS IDENTIFICATION DE	PIN CODE th APPLICANT (Please pay attention & fill in correct details): 3. Landline No (with STD Code)
9. APPLICANTS Permanent Address (BLOC B. Means of Communication wit 1.E.Mail Address (in BLOCK LETTERS): 2. Mobile Nos: C. APPLICANTS IDENTIFICATION DE 1. PAN CARD No.	PIN CODE th APPLICANT (Please pay attention & fill in correct details): 3. Landline No (with STD Code) TAILS: (Sr. No. 1 to 3 are essential) Date of Issue & validity
9. APPLICANTS Permanent Address (BLOC B. Means of Communication wit 1.E.Mail Address (in BLOCK LETTERS): 2. Mobile Nos: C. APPLICANTS IDENTIFICATION DE 1. PAN CARD No. 2. VOTER I/D No.	PIN CODE th APPLICANT (Please pay attention & fill in correct details): 3. Landline No (with STD Code) TAILS: (Sr. No. 1 to 3 are essential)
9. APPLICANTS Permanent Address (BLOC B. Means of Communication wit 1.E.Mail Address (in BLOCK LETTERS): 2. Mobile Nos: C. APPLICANTS IDENTIFICATION DE 1. PAN CARD No. 2. VOTER I/D No. Issuing Authority 3. ADHAAR CARD No.:	PIN CODE th APPLICANT (Please pay attention & fill in correct details):
9. APPLICANTS Permanent Address (BLOC B. Means of Communication wit 1.E.Mail Address (in BLOCK LETTERS): 2. Mobile Nos: C. APPLICANTS IDENTIFICATION DE 1. PAN CARD No. 2. VOTER I/D No. Issuing Authority 3. ADHAAR CARD No.:	PIN CODE th APPLICANT (Please pay attention & fill in correct details):
9. APPLICANTS Permanent Address (BLOC B. Means of Communication wit 1.E.Mail Address (in BLOCK LETTERS): 2. Mobile Nos: C. APPLICANTS IDENTIFICATION DE 1. PAN CARD No 1. VOTER I/D No Issuing Authority 3. ADHAAR CARD No.: Issuing Authority	PIN CODE th APPLICANT (Please pay attention & fill in correct details):
9. APPLICANTS Permanent Address (BLOC B. Means of Communication wit 1.E.Mail Address (in BLOCK LETTERS): 2. Mobile Nos: C. APPLICANTS IDENTIFICATION DE 1. PAN CARD No. 2. VOTER I/D No. Issuing Authority 3. ADHAAR CARD No.: Issuing Authority 4. PASSPORT No. Authority	PIN CODE
9. APPLICANTS Permanent Address (BLOC B. Means of Communication wit 1.E.Mail Address (in BLOCK LETTERS): 2. Mobile Nos: 2. Mobile Nos: 1. PAN CARD No. 2. VOTER I/D No. 1. Issuing Authority 3. ADHAAR CARD No.: 1. Issuing Authority 4. PASSPORT No.	PIN CODE

Signature of Candidate

Dated :_____

Contd 4

D. EDUCATIONAL QUALIFICATION & EXPERIENCE DETAILS

1. GRADUATION

1	Medical College, University & State	MBBS Exams Passed in Year	Marks obtaind / Total Marks	% Of MARKS	Extra Attempts in each of MBBS	INTERNSHIP COMPLETION
	(F.M.G Foreign Medical Graduates)	1 st Prof: 2 nd Prof: 3 rd prof: 4 th Prof: Final Passing Out in Year	/ / / Grand Total Out of NBE MARKS for F.M.G. Marks /Out of	Ist Prof % IInd Prof % 3 rd Prof % 4 th Prof % Total %(NBE) For F.M.G.	Total No of Attempts :	<u>Institution</u> <u>Dates</u>
2.	Details of Post MBBS/BDS Experience till Today	TYPE OF RESPONSIBILITIES	DATES	TOTAL PERIOD	1. Publications wi 2. CONFERENCES	-

2. POST GRADUATE DEGREE / DIPLOMA- SPECIALITY -....

3	INSTITUTION, UNIVERSITY & YEAR	PERIOD OF TRAINING WITH	Subject & Total No. of Attempts	Marks Obtained & %	Details of Publications, Papers Presented During P.G.
	OF PASSSING	DATES			

3. DETAILS OF Experience afterPost Graduate DEGREE / DIPLOMA till today.

	3. DETAILS OF Experience afterPost Graduate DEGREE / DIPLOMA till today.						
4.	NAME & ADDRESS	TOTAL PERIOD	NATURE OF JOB	1.Details of PUBLICATIONS, PAPERS Presented after PG.			
	OF INSTIUTION	WITH DATES	RESPONSIBILITIES	2. CONFERENCES ATTENDED			
			HELD				

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MEDICAL COUNCIL OF INDIA/STATE MEDICAL COUNCIL	DELHI MEDICAL COUNCIL (proof of having applied for DMC Registration is a must before the joining)
MCI&STATE M.C-	DELHI M.C
Regn No:	Regn No:
Date:	Date:
REMARKS	REMARKS

F . <u>Details of Certficates</u>: Copies of Documents duly self attested to be submitted with application form (from S.No.1 to 20):

S.No	TYPE OF DOCUMENT SUBMITTED	WhetherSubmitted (write yes / No)	If NO , Give Reasons there for	Remarks (By the Scrutinizing Official
1.	Date of Birth Certificate			
2.	Degree Certificate of MBBS			
3.	Internship Completion Certificate			
4.	MCI/STATE /DCI Registration Certificate.			
5.	DMC, Registration Certificate			
6.	Caste Certificate (OBC/SC/ST/EWS) issued by the competent authority (as applicable)			
7.	POST GRADUATE DEGREE (MCI/DCI recognized only)			
8.	POST GRADUATE DIPLOMA Certificate (MCI /DCI recognized only)			
9.	LETTER of RECOMMENDATION of Good Character & Conduct from TWO GAZETTED OFFICERs, on their Official Letter Head bearing their Name, Designation, SEAL & Contact Details.			
10.	Experience Certificate			
11.	Conference Certificate			
12.	Publications & Details			
13.	PAN CARD			
14.	VOTER ID,	_		
15.	ADHAR CARD			
16.	PASSPORT			
17.	Proof of Present Address.			
18.	Proof of Permanent Address.			

•	I, Dr. (Mr/Ms.)	s/d/o	hereby solemnly declare that
	statements made above	by me are correct & true to the best of my knowledge and belief.	

- Further, I do undertake that the above statements, if found false at any stage in future, my appointment shall be cancelled by the administration and I shall be liable for punitive / disciplinary action whatever deemed fit.
- I understand that applying for Registration with Delhi Medical Council is an essential requirement before joining . I undertake to apply for DMC Registration immediately & will submit the same before my joining at Northern Railway, Central Hospital, New Delhi
- The Decision of the Selection Board will be final. In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi
 only.

Date:Month Year		
	9	Signature of candidate
Place:	(Name:	

OBC Undertaking

Declaration / undertaking - for OBC Candidates only

I,district	son/daughter of Shri	resident of village/town/city
backward class by the Gov in Department of Personne is also declared that I do Schedule to the above re Personnel and Training O	vernment of India for the purp el and Training Office Memora o not belong to persons/secti ferred Office Memorandum, of ffice Memorandum No.36033, ual income for creamy layer o	ne community which is recognised as a pose of reservation in services as per orders contained andum No.36012/22/93- Estt. (SCT), dated 8/9/1993. It ions (Creamy Layer) mentioned in Column 3 of the dated 8/9/1993, which is modified vide Department of /3/2004 Estt.(Res.) dated 9/3/2004.I also declare that of my parents/guardian is within prescribed limits as on
Place:		Signature of the Candidate

Declaration/undertaking not signed by Candidate will be rejected

OBC Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER THE **GOVERNMENT OF INDIA**

"This certificate MUST have been issued within one year from date of interview"

This is to cer tify that Shri/Smt./Kum.		Son/Daughter of Shr i/Smt.	
of Villag	e/Town	District/Division	in the
	State belongs to the	Community which is	recognized as a backward class under
(i)	Resolution No. 12011/68/93-BCC(0 No . 186 dated 13/09/93.	C) dated 10/09/93 published in the Gazette of Ind	ia Extraordinary Part I Section I
(ii) (iii)		10/94 published in the Gazette of India Extraordinary Part I ated 24/05/95 published in the Gazette of India E	
(v) ´ (vi)	Resolution No. 12011/96/94-BCC of Resolution No. 12011/44/96-BCC dated 6/ Resolution No. 12011/13/97-BCC of Resolution No. 12011/99/94-BCC of Resolution No. 12011/96/94-BCC of	12/96 published in the Gazette of India Extraordinary Part I dated 03/12/97.	Section I No. 210 dated 11/12/96.
(ix)		dated 27/10/99. 12/99 published in the Gazette of India Extraordinary Part I dated 04/04/2000 published in the Gazette of Indi	
(xii)	Resolution No. 12011/44/99-BCC d No. 210 dated 21/09/2000. Resolution No. 12016/9/2000-BCC Resolution No. 12011/1/2001-BCC		a Extraordinary Part I Section I
	Resolution No. 12011/4/2002-BCC Resolution No. 12011/9/2004-BCC No. 210 dated 16/01/2006.	dated 13/01/2004. dated 16/01/2006 published in the Gazette of Inc.	dia Extraordinary Part I Section I
(Creamy	y Layer) me ntioned in Column 3 of t	and/or his family ordinarily reside(s) in the State. This is also to cer tify that he/she does he Schedule to the Government of India, Depar to 8 which is modified vide OM No. 36033/3/2004	ment of Personnel & Training O. M.
Dated:			
		District Magis	strate/ DeputyCommissioner, etc.Seal
IOTE:			

N

- The ter m 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, (a) 1950.
- The authorities competent to issue Caste Cer tificates are indicated below: (b)
 - District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First C lass Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Ex tra Assistant Commissioner (not below the rank of lst C lass Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar and
 - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

SC/ST Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE

This is to certify that Shri/Smt./Kum		Son/Daughter of Shri
	of village/Town	in District/ Division of of caste/Tribe, which is recognized as a S chedule
the State/Union Territory	belongs to the	caste/Tribe, which is recognized as a S chedule
Caste/Scheduled Tribe under.		
The Constitution (Scheduled Castes) order, 1950.		
The Constitution (Scheduled Tribes) order, 1950.		
The Constitution (Scheduled Tribes) order, 1950.		
The Constitution (Scheduled Castes)(Union Territory) order 1951	
The Constitution (Scheduled Tribes) (Union Territory		
		956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act,
		cation Act, 1971) and the Scheduled Castes and Scheduled Tribes orders
(Amendment) Act, 1976.)		
*The constitution (Jammu & Kashmir) Scheduled (Caste Order, 1956:	
		ded by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act.
1976;	,,	,
*The Constitution (Dadra and Nagar Haveli) Scheo	duled Castes Order	
1962; *The Constitution (Dadra & Nagar Haveli) Se		
1962; *The Constitution (Pondichery) Scheduled C		
*The Constitution (Uttar Pradesh) Scheduled Tribe		
*The Constitution (Goa, Daman &Dieu) Scheduled	Tribes Order,	
1968; *The Constitution (Nagaland) Scheduled Tri		
*The Constitution (Goa, Daman & Dieu) Scheduled		
*The Constitution (Sikkim) Scheduled Castes Orde		
*The Constitution (Sikkim) Scheduled Tribes Orde		
*The Constitution (Scheduled Castes) Orders (Am		
*The Constitution (Scheduled Tribes) Order, (Ame		
*The Constitution (Scheduled Tribes) Order, (Secondary Constitution (Scheduled Tribes)		
1991. *The Constitution (Scheduled Tribes) Ordina	ance, 1996	
This certificate is issued on the basi s of the So	chedul ed Castes/Scheduled Tril	pes Certificate issue to
village/town	in District/Division	of of the State/UT
who belongs to the	caste/Tribe which is	recognized as a SC/ST in the State/Union Territory
issued	d by the	(name of the prescribed issuing authori ty) vide the
No.	dated	or Shri and c
his/her family ordinarily reside(s) in Village/Tov	wn	recognized as a SC/ST in the State/Union Territory (name of the prescribed issuing authori ty) vide thei or Shri and c of District/Division of the State/Union Territory of
Place		
Date		
		Signature
		Designation
		· ———
	_	(With Seal of Office)

LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:

- Deputy Commissioner/Dy . Collector/ ^{1st} Class Stipendiary Magistrate/Sub Divisional Magistrate/Extra Assistant Commissioner/ Taluka Magistrate/Executive Magistrate.

 2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

 3. Sub-Divisional Officers of the area where the candidate
- and/or his family normally resides.
- 4. Revenue O fficers not below the rank of Tahsildar.