

APPLICATION FORM

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

Raisen Bypass Road, Karond, Bhopal – 462038
(ICMR (Department of Health Research (MoHFW), Govt. of India

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Adv. No: 123/BMHRC/Bhopal/2023

Application for the Post of Senior Resident in the department of

<u>Details of Demand Draft/ Cash Receipt No.</u>	<u>Tick the Applicable Category</u>
DD No. / Cash Receipt 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 **04/09/2023**

Years	Months	Days
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7. Present Address: _____

_____ Telephone _____

E-mail: _____

8. Permanent Address: _____

_____ Telephone _____

9. Nationality: _____

Contd....

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

MBBS : Registration No. _____ Place _____

MD/MS/DNB/Diploma : Registration No _____ Place _____

DM/M.Ch. : Registration No _____ Place _____

11. Date of Completion of Internship: _____

12. 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							
MD/MS/DNB/ Diploma in _____							
DM/ M.Ch. in _____							

13. Research Papers published: If any (Give details & Proof)

14. Experience: (Details of service done earlier- 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:

(i)	Certificate in support of age (10 th class passing certificate)	_____→	<input type="checkbox"/>
(ii)	Degree certificate of MBBS	_____→	<input type="checkbox"/>
(iii)	Degree of MD/MS/DNB or Diploma certificate	_____→	<input type="checkbox"/>
(iv)	Degree of DM/M.Ch	_____→	<input type="checkbox"/>
(v)	Registration Certificate with MCI / State Medical Council (M.P.)	_____→	<input type="checkbox"/>
(vi)	MBBS Passing Certificate and mark sheets.	_____→	<input type="checkbox"/>
(vii)	Internship completion certificate.	_____→	<input type="checkbox"/>
(viii)	Undergraduate/Post Graduate attempt Certificate	_____→	<input type="checkbox"/>
(ix)	Proof of Publication/presenting paper in conference	_____→	<input type="checkbox"/>
(x)	Caste/community/disability certificate where applicable.	_____→	<input type="checkbox"/>
(xi)	OBC certificate only as per Annexure III with required validity as mentioned at para 4(b) above.	_____→	<input type="checkbox"/>
(xii)	Experience certificate (if any)	_____→	<input type="checkbox"/>
(xiii)	No objection certificate (if any)	_____→	<input type="checkbox"/>

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: _____

.....
(Signature of the applicant)

Date: _____

Full Name: _____

**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-Est.(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 will have the same meaning as in Section 20 of the
Representation of the People Act, 1950.