



भारत सरकार / GOVERNMENT OF INDIA
डॉ राम मनोहर लोहिया अस्पताल,
अटल बिहारी वाजपयी आरुर्विज्ञान संस्थान, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL,
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110001



APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT (NON ACADEMIC) 2024

1. Name (in block letters) _____

2. Father' Name _____

3. Date of Birth _____

Age as on last date of submission of application _____

4. Permanent Address (in block letters) _____

5. Correspondence Address (in block letters) _____

State _____ Pin Code _____

Telephone No (If any) _____ Mobile: _____ E-mail: _____

6. Nationality _____ Aadhar No _____ PAN No _____

7. Educational Qualification:

Exam Passed	Name of University and place	Year of Passing	Aggregate Marks Obtained In all professional/MBBS Examination	Aggregate %
MBBS				

8. Whether SC/ST/OBC/EWS with Documentary evidence (Write): _____
(Attach a valid certificate in support of your claim of reserved categories.)

9. If PWD Candidates (Write): _____

(Attach a PWD Certificate issued by Government Hospital)

10. Date of Internship completion (Between **01.06.2022-31.05.2024**) _____

11. Percentage of aggregate marks in all professional Examinations (MBBS) _____

12. Permanent D.M.C Registration No. _____ Dated: _____

13. Whether done any Junior Residency (Non- Academic) at any Government hospital/Institute, if so mention the Department/period/subject:

S. NO	Department	From	To	Organization/Institution
1.				
2.				

Paste recent passport size photograph

DECLARATION

I SOLEMNLY DECLARE THAT THE ABOVE STATEMENTS MADE BY ME ARE CORRECT TO THE BEST OF MY KNOWLEDGE, BELIEF AND I SHALL ABIDE BY THE RULES AND REGULATION OF THE RMLH. IN THE EVENT OF ANY INFORMATION FOUND INCORRECT MY CANDIDATURE WILL BE LIABLE FOR REJECTION SUMMARILY.

CHECK LIST (PLEASE TICK IN THE BOX GIVEN BELOW AS PROOF OF ENCLOSURES). COPIES OF ALL THE CERTIFICATES/TESTIMONIALS DULY SELF ATTESTED AS MENTIONED IN PARA 5(B) OF NOTICE. ALL DOCUMENTS SHOULD BE PAGINATED.

	tick	Attached at page no.
PHOTOCOPY OF FINAL YEAR MBBS MARK SHEET		
PHOTOCOPY OF PERMANENT REGISTRATION CERTIFICATE OF DELHI MEDICAL COUNCIL		
PHOTOCOPY OF INTERNSHIP COMPLETION CERTIFICATE		
PHOTOCOPY OF MATRICULATION CERTIFICATE		
PHOTOCOPY OF OBC/SC/ST/EWS CERTIFICATE IF ANY		
ATTACH EXAMINATION FEE RECEIPT AND MENTION THE RECEIPT NO. & DATE		
COPY OF AADHAR CARD		
COPY OF PAN CARD		

DATE: _____

(SIGNATURE OF THE APPLICANT)

PLEASE NOTE:

1. INCOMPLETE APPLICATIONS WILL BE REJECTED STRAIGHT WAY.