



GOVERNMENT OF INDIA
OFFICE OF THE MEDICAL SUPERINTENDENT
SAFDARJANG HOSPITAL & V.M.M.C.
NEW DELHI-110029

No. 4-1/2016- Academic

Date:-

**APPLICATION FORMAT FOR THE POST OF
JUNIOR RESIDENT (Non-PG) BDS.**

Photo

Cross
signed

1. Name (IN BLOCK LETTERS) :-
2. Father's/Husband's Name :-
3. Postal Address for Correspondence :-
4. Permanent Postal Address :-
5. Contact Telephone No. :-
6. E-mail :-
7. (i) Date of Birth- (ii) Nationality-
8. Category (UR, OBC, SC, ST & PWD) :-
9. (i) For OBC Candidate please attach certificate from appropriate authority, which is meant for the post under the Central Government of India, and Certified that the Candidate does not belong to Creamy Layer. Date of issue of Certificate should not be earlier than **01.04.16**.

(ii) For SC, ST – Certificate should be issued by Tehsildar or above rank officer in format of State Govt. / Central Govt. of India.

(iii) PH – Certificate must be issued by State/Central Govt. Hospital
10. Year of passing BDS & Name of University :-
11. Date of Completion of Internship (after **01.07.2014**) and Name of Institute :-
12. Permanent DDC & STATE COUNCIL Registration No. & Place :-

(Provisional Certificate & Receipt will not be considered)

13. Demand Draft No. (To be Attached with application) :-
(Candidate Must be write your name & father's/husband's name on the back of Demand Draft)

14. Junior Residency (House Job) done previously,
If so, period and name of Institution :-

15. UNDERTAKING:

I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. In the event of any information found incorrect my candidature will be liable for rejection summarily. I have not done SIX MONTHS Junior Residency (Non-PG) BDS in any hospital.

16. Check list (Please tick in the box given below as proof of enclosures).

| Permanent Registration Certificate | Internship Completion Certificate | Caste Certificate | Demand Draft | Admit Card | All Educational Certificates Attested by Self |
|------------------------------------|-----------------------------------|-------------------|--------------|------------|---|
| | | | | | |

Signature of Applicant



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Junior Resident (Non-PG) (Admit card to be filled by the candidates).

| | |
|---|---|
| Name (In block letters) | |
| Fathers Name | |
| Sex | |
| Category (GEN, OBC, SC,ST, PWD) | |
| Date of Birth | |
| Permanent Address | |
| Nationality | |
| Post Applied For | JR(MBBS) <input type="checkbox"/> JR(BDS) <input type="checkbox"/> |
| Roll. No. (To be allotted by the Institute) | |

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|-------------------------------------|
| Photo 4cm×5cm Cross signature |
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|-----------|
| Signature |
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Note: - Candidate kindly collects the Admit Card from Academic Section.