

**DAYANAND MEDICAL COLLEGE & HOSPITAL  
LUDHIANA**



Affix Recent  
coloured  
Passport size  
Photograph

**APPLICATION FORM FOR SENIOR RESIDENT**

**PLEASE WRITE IN BLOCK LETTERS**

Post applied for \_\_\_\_\_ Speciality \_\_\_\_\_

1. Applicant's Name : \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_
3. Father's Name : \_\_\_\_\_
4. Mother's Name : \_\_\_\_\_
6. Nationality : \_\_\_\_\_
7. Marital Status : \_\_\_\_\_

8. Educational / Academic Qualifications : (Graduation onwards) in chronological order.  
(Certificates from competent authorities must be attached with the application stating that the MBBS/MD/MS etc. degrees obtained by the candidate are duly recognized by the Medical Council of India).

Degree / Diploma	Subject (for PG course only)	Year of Passing	Attempt	Institute	University

9. Work experience, in chronological order. (All experience quoted below must be supported by certificates from competent authorities, attached with the application).

Designation	From	To	Duration	Employer/ Institution	Reasons For leaving

10. Central / State Medical Council with which : \_\_\_\_\_  
the applicant is registered, Registration No. and date:

11. Permanent Address :

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

STD Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Correspondence address :

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

STD Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**SOLEMN DECLARATION:**

I hereby solemnly declare and affirm that the information given on this form is true, complete and correct to the best of my knowledge and belief and that I have not withheld or misrepresented or concealed any thing which would affect my employment in the institution. I also understand and agree that if any information is found to be false or incorrect, at any stage, my employment shall be liable to summary termination, without prior notice or any compensation.

Date \_\_\_\_\_

\_\_\_\_\_  
**(Signature of the applicant)**

Place \_\_\_\_\_

**Bring attested Photostat copies of the following documents at the time of interview:**

Receipt of fee of application form  
Complete Bio-data  
Proof of Date of Birth  
MBBS First Professional Marks Sheet  
MBBS Second Professional Marks Sheet  
MBBS Final Professional (Part-I) Marks Sheet  
MBBS Final Professional (Part-II) Marks Sheet  
Internship completion certificate  
Character & attempt certificate  
MBBS Degree  
M.D/M.S Degree & Pass out Certificate  
Certificates regarding MCI approval of degrees  
Permanent Registration Certificate (UG qualification)  
Permanent Registration Certificate (PG qualification)  
Experience Certificates  
No Objection Certificate from previous employer  
PAN Card  
Photo ID