

Advertisement No.	Advt. No.21/10/2016(RIS)/ADMIN/0487	Please attached Recent Passport Size Photo
Name of the Post	JUNIOR RESIDENT (NON-ACADEMIC) (MEDICAL)	
PAYMENT MODE ( DD / CASH )		

**Personal Details (IN CAPITAL LETTERS)**

1. Full Name	<input type="text"/>
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2. Father's Name	<input type="text"/>
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3. Address for Correspondence with PIN	<input type="text"/>
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4. Permanent Address with PIN	<input type="text"/>
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5. E-Mail Id <i>(IN BLOCK LETTERS ONLY)</i>	<input type="text"/>
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6. Phone / Cell No.	+ 9 1 <input type="text"/>
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7. Date of Birth (Please Attach Document for Evidence)	D D M M Y Y Y Y	8. Nationality	<input type="text"/>
		9. State to which you belong	<input type="text"/>

10. If Physically Challenged Candidate	Type of Handicap	Percentage Disability: .....
	<input type="text"/>	

11. Category (Please <sup>U</sup> only) Tick Only	U R	OBC	SC	ST
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Details of Educational Qualifications			
Examination Passed	University/Board/Institution/Council of Examination	Month, Year of Passing	No. of Extra Attempts
Secondary (10 <sup>th</sup> )			
Senior Secondary (12 <sup>th</sup> )			
MBBS			
Any Other			

13. Work Experience (if any)																
Name of Organization	Period of Service From												Designation	Nature of Duties performs	Total Monthly Emolument	Reason for Leaving Services
	From						To									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

14. Publication	Index National Journal	Index International Journal

15. If Selected, specify the minimum required time to join	
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Bring the original and attested photocopies of related documents and publications at the time of Interview.

16. I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false / incorrect my candidature/services are liable to be terminated without any notice. I ..... agree to abide by the terms and conditions for contractual appointment.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of the Candidate**