



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

No. E 7009 ACDM-14024/1/2022-ACAD-VMMC

Date: -

APPLIED FOR THE POST OF: -

Junior Resident (Non-PG) MBBS: -

Junior Resident (Non-PG) BDS: -

(Please tick mark in the box)

Affix recent
passport
size photo
& sign

1. Name (IN-ENGLISH) : -
2. Name (IN-HINDI) : -
3. Father's/Husband's Name : -
4. Postal Address for Correspondence: -
5. Permanent Address : -
6. Contact No. (Whatsapp No.): - : -
7. E-Mail : -
8. (i) Date of Birth- (ii) Nationality-
9. Category (Gen., EWS, OBC, SC, ST & PWD (One Leg / One Arm / Both Orthopaedics)): -
10. (i) EWS & OBC Candidate must attach certificate from appropriate authority, which is meant for the post under the Central Government of India, and certification that the candidate does not belong to Creamy Layer. Date of issue of Certificate should not be earlier than **01.04.2022**.

(ii) SC, ST candidates attach Certificate issued by Tehsildar or a rank above Tehsildar in the format of State Govt./Central Govt. of India.

(iii) PWD (One Leg / One Arm / Both Orthopaedics) – Certificate must be issued by State/Central Govt. Hospital
11. Year of passing MBBS / BDS & Name of University: -
12. Date of Completion of Internship
(On or after **01.01.2021**) and Name of Institute: -

13. Permanent DMC for MBBS and DDC & State Dental Council for BDS
Registration No. & Place: -
((Receipt will be considered but original registration required before the joining, if selected))

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

14. Junior Residency (House Job) done previously in any other government hospital,
If so, period, Department Name and name of Institution: - *Mandatory*

15. **UNDERTAKING:** -

I solemnly verify and declare that the above-mentioned statements made by me are correct to the best of my knowledge and belief. In the event of any information found incorrect my candidature shall stand cancelled and the authorities of VMMC and Safdarjung Hospital may take necessary action against me.

I also declare that I have not completed **one year of Junior Residency (Non-PG) MBBS / BDS** in any other government hospital.

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

| Permanent Registration Certificate | Internship Completion Certificate | Caste Certificate | Payment Receipt | Admit Card |
|------------------------------------|-----------------------------------|-------------------|-----------------|------------|
| | | | | |

Signature of Applicant



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

| | |
|---|--|
| Name (In block letters-Eng.) | |
| Name (In Hindi) | |
| Fathers Name | |
| Sex | |
| Category (GEN, EWS, OBC, SC, ST, PWD) | |
| Date of Birth | |
| Nationality | |
| Post Applied For | JR(MBBS) <input type="checkbox"/> JR(BDS) <input type="checkbox"/> |

Photo
4cm×5cm
Cross signature

Signature

For Office use only

| | |
|--|--|
| Roll. No. (To be allotted by the Institute) | |
|--|--|

**Note: - Candidates kindly download the Admit Card from the Hospital website
www.vmmc-sjh.nic.in**