

OFFICE OF THE PRINCIPAL
KALYAN SINGH GOVERNMENT MEDICAL COLLEGE,
BULANDSHAHR

APPLICATION FOR THE POST OF SENIOR RESIDENT

Name of Department-----

1- (a) Full Name(Block Letter)-----

(b) Sex(Male/Female)-----

2- Father's Name-----

3- Date of Birth-----Age-----

4- (a) Correspondence address with Tel .No.-----

(b)Permanent address with Tel .No. -----

5- Mobile Number-----E-mail ID-----

6- Belong to which category (Tick the category) General/E.W.S/O.B.C./S.C./S.T.

7- NEET PG All India Rank-----

8- (a) Registration No with name of the Medical Council(M.B.B.S.)-----

(b) Registration No with name of the Medical Council (MD/MS/DNB) -----

9. Marital status: Not married/ Married/ Divorced

10. Details of Spouse : Educational qualification and place of work.....

12- Education Qualification (Please self-attested photocopy of document in support)

Qualification	Year of Admission	Year of Passing	Institution/University	No. Of Attempts	Aggregate percentage
High school					
Intermediate					
MBBS					
MD/MS/DNB					
Any other					

13. Scientific conferences attended.....

14. No. of scientific papers presented.....

Paste a Self
Attested
Passport
Photograph

15. No. of Publications with name of journals and indexing

S.No.	Title of research paper	Name of Journal	First /2 nd / corresponding author	Indexing of Journal
1.				
2.				
3.				
4.				

Please attach copies of publications with home page of journal.

16. Any post MD/MS/DNB experience of work.....

Please specify tenure and Place of work and submit relevant documents

17. Any enquiry regarding any disciplinary action during the study period at the medical college?

If yes, please specify details-----

Note: Enclose documents in support of information given on S.No. 3, 6, 7, 8, 12, 13, 14, 15, & 16

DECLARATION BY THE CANDIDATE

I hereby declare that the above information is true and correct to the best of my knowledge and belief. I have not suppressed any factual information. I have never been debarred from appearing at any examination. I understand that my candidature is liable to be rejected in the event of any mis-statement/ discrepancies in the particulars being detected even after my appointment. In such case, my services are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation.

No. of Enclosures:

Place _____

Date _____

(Signature of the Candidate)