

OFFICE OF THE PRINCIPAL, S.N. MEDICAL COLLEGE, AGRA
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 No..... 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. Educational Qualification: (Please self attested photocopy of documents in support)

PASTE A
PASSPORT
SIZED
PHOTOGRAPH

| Qualification | Year of Adimision | Year of Passing | Institution/University | No. of Attempts | Work & Conduct |
|---------------|-------------------|-----------------|------------------------|-----------------|----------------|
| High School | | | | | |
| M.B.B.S. | | | | | |
| M.D./M.S./DNB | | | | | |

10. Inquiry to any or disciplinary action pending/ taken during the study period at the medical college -----

Note: Enclosed document in support of information given on SI.No. 3, 6, 7, 8 & 9

DECLARATION BY THE CANDIDATE

I here declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, facts of 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 and after my appointmaet in such an event. My services are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation. If at any stage of my selection, my ineligibility for candidature is cancelled as a result thereof.

No. of Enclosure:

Place:

(Signature of the candidate)

Date:

Name: