

Government of Rajasthan  
**Dr. S.N. Medical College, Jodhpur**  
Application form for Senior Resident/ Junior Resident

Junior Resident/ Senior Resident (Subject/ Specialty.....)

Mark Category: GEN/SC/ST/OBC/Others.....

1. Name of Candidate.....

2. Father/Husband's Name.....

3. Date of Birth(Attach Certificate).....Age.....

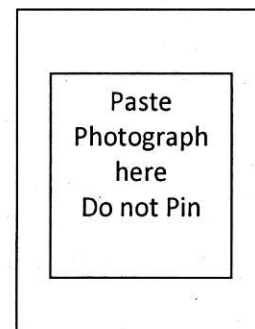
4. Address .....

5. Contact No. ....Email id.....

6. Aadhar Card no. ....

7. Academic Qualification(attested Copies of Mark sheets and Certificates must be attached)

Name of Examination	Name of College	Name of University	Month & Year	Maximum Marks	Marks Obtained	Percentage	No. Of Attempts
Ist Yr. MBBS							
IInd Yr MBBS							
Final MBBS Part-I							
Final MBBS Part-II							
Total							
M.Sc.(Med)/Ph.D							
M.D./M.S.							
D.M/M.Ch.							
Others							



8. (a) RMC Registration No. :- UG ..... Date of registration / renewal.....

(b) RMC Registration No. :- PG ..... Date of registration / renewal.....

9. Experience of Senior Resident in any MCI recognized institute.

S.N.	Medical College/ Hospital's Name	Post Held	Date		Total Period
			From	To	

10. No. of Publications as per MCI norms (Attach Proof) .....

11. Detail of Children born before 31-05-2002 and after 01-06-2002 with their age.

12. This appointment is for six months subjected to extension against the satisfactory performance to the maximum of one year from the date of joining.

13. In case In-Service then, obtain NOC from the competent authority before applying for the same (Attach copy).

I declare that all information given by me is correct and true.

SIGNATURE OF CANDIDATE

## CHECK LIST

Attested photocopies in following order	Please Tick (√)	Attested photocopies in following order	Please Tick (√)
(1) MBBS/U.G. Mark Sheets (All )		(7) MS/MD - RMC Registration Certificate.	
(2) Degree Certificate MBBS/ M.Sc (Medical)		(8) Experience Certificate of Junior/Senior Resident.	
(3) Degree Certificate MS/MD/Ph.D		(9) Birth Date Proof : Birth Certificate / 10 <sup>th</sup> Mark sheet.	
(4) U.G. Attempt Certificate,		(10) NOC in case of In-Service candidates	
(5) P.G. Attempt Certificate		(11) Aadhar Card	
(6) MBBS - RMC Registration Certificate			

## UNDERTAKING

Name :- .....

Address :- .....

Date :- .....

I, .....undertake to carry out my duties diligently and conscientiously, for the period for which I am appointed.

I also further undertake not to abstain from duty or withdraw from work for any reason, except on leave duly sanctioned by the competent authority. I further hereby agree and state that I will perform all duties including those of casualty medical officer (CMO) as may be assigned by the HOD / Hospital Superintendent from time to time.

I also agree that in the event of non-performance of duties or failure to abide by terms of this undertaking or the terms of the Senior Residency Rules framed by the Government, the competent authority will be at liberty to forfeit one month's stipend and in addition terminate my senior residency.

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(Signature of Candidate)