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**Application Form**  
**Walk In Interview for Junior Resident (Non Academic)**

|                                  |                                    |                    |                |
|----------------------------------|------------------------------------|--------------------|----------------|
| <b>Advertisement No.</b>         |                                    |                    |                |
| <b>Post Applied for</b>          |                                    |                    |                |
| <b>Details of bank Draft No.</b> |                                    |                    |                |
| <b>Bank Name</b>                 |                                    |                    |                |
| <b>Date of Issuing</b>           |                                    |                    |                |
| <b>1. Department/Specialty</b>   |                                    |                    |                |
| <b>2.</b>                        | <b>First Name</b>                  | <b>Middle Name</b> | <b>Surname</b> |
|                                  |                                    |                    |                |
| <b>3.</b>                        | <b>Father's/Husband Name</b>       |                    |                |
|                                  | <b>Mother Name</b>                 |                    |                |
| <b>4.</b>                        | <b>Date of Birth (DD/MM/YY)</b>    |                    |                |
|                                  | <b>Age as on date of Interview</b> |                    |                |
| <b>5.</b>                        | <b>Gender:</b>                     |                    |                |
| <b>6.</b>                        | <b>Marital Status</b>              |                    |                |
| <b>7.</b>                        | <b>Mailing Address</b>             | <b>Mobile No.</b>  |                |
|                                  |                                    | <b>E-Mail</b>      |                |
| <b>8.</b>                        | <b>Permanent Address</b>           |                    |                |



|    |              |  |
|----|--------------|--|
| 9. | Category     |  |
|    | Sub-Category |  |

|     |                   |  |
|-----|-------------------|--|
| 10. | State of Domicile |  |
|-----|-------------------|--|

|     |                             |      |                         |
|-----|-----------------------------|------|-------------------------|
| 11. | MBBS/MS/MD Registration No. | Date | Name of Medical Council |
|     |                             |      |                         |

| 12. | Academic Qualification |             |                   |      |                 |
|-----|------------------------|-------------|-------------------|------|-----------------|
|     | Examination            | Institution | Board /University | Year | %Marks/Division |
|     | 10 <sup>th</sup>       |             |                   |      |                 |
|     | 12 <sup>th</sup>       |             |                   |      |                 |
|     | MBBS                   |             |                   |      |                 |
|     | MD/MS                  |             |                   |      |                 |
|     | DNB                    |             |                   |      |                 |

| 13.    | Employment Details |                 |          |
|--------|--------------------|-----------------|----------|
| Sr.No. | Post Held          | Employer's Name | Duration |
|        |                    |                 |          |
|        |                    |                 |          |
|        |                    |                 |          |

14. Have you have worked at UPUMS earlier? If yes, please provide details:

| Post Held | Duration |    | Reason for Leaving |
|-----------|----------|----|--------------------|
|           | From     | To |                    |
|           |          |    |                    |
|           |          |    |                    |
|           |          |    |                    |

Attach all the above relevant documents including Aadhar & Pan Card.

Declaration: I solemnly affirm that information furnished above is true and correct to the best of my knowledge. I also fully understand if at any stage it is found that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature summarily be rejected or employment be terminated without notice besides legal proceedings:

**Signatures of Candidate**

If employed, get your application forwarded by the head of the institution as under OR attach a "No Objection Certificate"

Certified that undersigned has no objection in forwarding the application of Dr.....

**Dated:**

**Signatures & Seal of Head of Institution**