

APPLICATION & SELF DECLARATION FOR POST OF SENIOR RESIDENT IN THE SPECIALITY OF \_\_\_\_\_

Ref: File No: E/Med/SR/74/2022

Advt.No. NRCH/SR/2022/01

To,  
The Medical Director  
Northern Railway Central Hospital,  
Basant Lane , New Delhi

PASTE A RECENT PASSPORT SIZE  
COLOR PHOTOGRAPH, WITH  
NAME & DATE IN FRONT  
& SELF ATTESTED

**A. PERSONAL DETAILS**-(ANY SUPPRESSION OF FACTS OR FALSE INFORMATION WILL LEAD TO CANCELLATION OF CANDIDATURE)

1.Name (BLOCK LETTERS) \_\_\_\_\_

2. D.O.B. \_\_\_\_\_ 3. Age on Date of Advt (as Yrs, Months & Days) \_\_\_\_\_

4. Category-(UR/OBC/SC/ST/EWS) \_\_\_\_\_

5.Father's Name \_\_\_\_\_ MOBILE No. \_\_\_\_\_

Father's Name & Address \_\_\_\_\_

Occupation & details of Employment \_\_\_\_\_

6. Husbands/Wife's Name \_\_\_\_\_ MOBILE No. \_\_\_\_\_

Husbands/Wife's & Address \_\_\_\_\_

Occupation & details of Employment \_\_\_\_\_

7.APPLICANTS Present Address & Mailing Address (BLOCK LETTERS) \_\_\_\_\_  
PIN CODE \_\_\_\_\_

9. APPLICANTS Permanent Address (BLOCK LETTERS) \_\_\_\_\_  
PIN CODE - \_\_\_\_\_

**B. Means of Communication with APPLICANT** ( Please pay attention & fill in correct details):

1.E.Mail Address (in BLOCK LETTERS): \_\_\_\_\_

2. Mobile Nos: \_\_\_\_\_ 3. Landline No (with STD Code) \_\_\_\_\_

**C. APPLICANTS IDENTIFICATION DETAILS:** (Sr. No. 1 to 3 are essential)

1. PAN CARD No. \_\_\_\_\_ Date of Issue & validity \_\_\_\_\_

2. VOTER I/D No. \_\_\_\_\_ Date of issue & Validity \_\_\_\_\_  
Issuing Authority \_\_\_\_\_

3 . ADHAAR CARD No.: \_\_\_\_\_ Date of issue & Validity \_\_\_\_\_  
Issuing Authority \_\_\_\_\_

4. PASSPORT No. \_\_\_\_\_ Date of issue & Validity \_\_\_\_\_ Issuing  
Authority \_\_\_\_\_  
(Pl give a declaration if a Passport has not been issued till now)

Signature of Candidate

Dated : \_\_\_\_\_

Place \_\_\_\_\_

Contd 4

## D. EDUCATIONAL QUALIFICATION & EXPERIENCE DETAILS

### 1. GRADUATION

1	Medical College, University & State	MBBS Exams Passed in Year	Marks obtained / Total Marks	% Of MARKS	Extra Attempts in each of MBBS	INTERNSHIP COMPLETION
	(F.M.G.- Foreign Medical Graduates)	1 <sup>st</sup> Prof: 2 <sup>nd</sup> Prof: 3 <sup>rd</sup> prof: 4 <sup>th</sup> Prof: Final Passing Out in Year	/ / / / Grand Total__ Out of ____ NBE MARKS for F.M.G. Marks /Out of	Ist Prof %____ IInd Prof %____ 3 <sup>rd</sup> Prof %____ 4 <sup>th</sup> Prof %____  Total %____  Total%____(NBE) For F.M.G.	_____ _____ _____ _____  Total No of Attempts :	<u>Institution</u>          <u>Dates</u>
2.	Details of Post MBBS/BDS Experience till Today	TYPE OF RESPONSIBILITIES	DATES	TOTAL PERIOD	1. Publications with Details, if ANY 2. CONFERENCES ATTENDED	

### 2. POST GRADUATE DEGREE / DIPLOMA– SPECIALITY -.....

3	INSTITUTION, UNIVERSITY & YEAR OF PASSING	PERIOD OF TRAINING WITH DATES	Subject & Total No. of Attempts	Marks Obtained & %	Details of Publications, Papers Presented During P.G.

### 3. DETAILS OF Experience after Post Graduate DEGREE / DIPLOMA till today.

4.	NAME & ADDRESS OF INSTIUTION	TOTAL PERIOD WITH DATES	NATURE OF JOB RESPONSIBILITIES HELD	1.Details of PUBLICATIONS, PAPERS Presented after PG . 2. CONFERENCES ATTENDED

### E. REGISTRATION DETAILS

MEDICAL COUNCIL OF INDIA/STATE MEDICAL COUNCIL	DELHI MEDICAL COUNCIL ( <i>proof of having applied for DMC Registration is a must before the joining</i> )
<u>MCI&amp;STATE M.C-</u>  Regn No:  Date:	<u>DELHI M.C</u>  Regn No:  Date:
REMARKS	REMARKS

**F .Details of Certificates** :Copies of Documents duly self attestedto be submitted with application form ( from S.No.1 to 20 ):

S.No	TYPE OF DOCUMENT SUBMITTED	WhetherSubmitted (write yes / No)	If NO , Give Reasons there for	Remarks ( By the Scrutinizing Official
1.	Date of Birth Certificate			
2.	Degree Certificate of MBBS			
3.	Internship Completion Certificate			
4.	MCI/STATE /DCI Registration Certificate.			
5.	DMC, Registration Certificate			
6.	Caste Certificate (OBC/SC/ST/EWS) issued by the competent authority (as applicable)			
7.	POST GRADUATE DEGREE (MCI/DCI recognized only)			
8.	POST GRADUATE DIPLOMA Certificate (MCI /DCI recognized only)			
9.	LETTER of RECOMMENDATION of Good Character &Conduct from TWO GAZETTED OFFICERS , on their Official Letter Head bearing their Name, Designation , SEAL & Contact Details.			
10.	Experience Certificate			
11.	Conference Certificate			
12.	Publications & Details			
13.	PAN CARD			
14.	VOTER ID,			
15.	ADHAR CARD			
16.	PASSPORT			
17.	Proof of Present Address.			
18.	Proof of Permanent Address.			

### F.DECLARATION

- I, Dr. (Mr/Ms.) \_\_\_\_\_ s/d/o \_\_\_\_\_ hereby solemnly declare that statements made above by me are correct & true to the best of my knowledge and belief.
- Further, I do undertake that the above statements, if found false at any stage in future, my appointment shall be cancelled by the administration and I shall be liable for punitive / disciplinary action whatever deemed fit.
- I understand that applying for Registration with Delhi Medical Council is an essential requirement before joining . I undertake to apply for DMC Registration immediately & will submit the same before my joining at Northern Railway , Central Hospital , New Delhi
- The Decision of the Selection Board will be final. In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi only.

Date: \_\_\_Month \_\_\_ Year \_\_\_\_\_

Place:

Signature of candidate

(Name: \_\_\_\_\_ )

## **OBC Undertaking**

### **Declaration / undertaking - for OBC Candidates only**

I, \_\_\_\_\_ son/daughter of Shri \_\_\_\_\_ resident of village/town/city \_\_\_\_\_  
district \_\_\_\_\_

\_\_\_\_\_ State hereby declare that I belong to the \_\_\_\_\_ community which is recognised as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93- Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above re ferred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004.I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2017.

**Place:**

**Signature of the Candidate**

**Date:**

**Declaration/undertaking not signed by Candidate will be rejected**

## **OBC Certificate Format**

### **FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER THE GOVERNMENT OF INDIA**

**"This certificate MUST have been issued within one year from date of interview"**

This is to certify that Shri/Smt./Kum. \_\_\_\_\_ Son/Daughter of Shri/Smt. \_\_\_\_\_

of Village/Town \_\_\_\_\_ District/Division \_\_\_\_\_ in the \_\_\_\_\_  
\_\_\_\_\_ State belongs to the \_\_\_\_\_ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12016/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.

Shri/Smt./Kum. \_\_\_\_\_ and/or his family ordinarily reside(s) in the \_\_\_\_\_ District/Division of \_\_\_\_\_ State. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O. M. No. 36 012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004.

Dated: \_\_\_\_\_

District Magistrate/ Deputy Commissioner, etc. Seal

#### **NOTE:**

- (a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
  - (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
  - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar and
  - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

## **SC/ST Certificate Format**

### **FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE**

This is to certify that Shri/Smt./Kum. \_\_\_\_\_ Son/Daughter of Shri \_\_\_\_\_  
\_\_\_\_\_ of village/Town \_\_\_\_\_ in District/ Division \_\_\_\_\_ of  
the State/Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ caste/Tribe, which is recognized as a S schedule  
Caste/Scheduled Tribe under.

The Constitution (Scheduled Castes) order, 1950.

The Constitution (Scheduled Tribes) order, 1950.

The Constitution (Scheduled Castes)(Union Territory ) order, 1951.

The Constitution (Scheduled Tribes) (Union Territory ) order, 1951.

(As amended by the Scheduled Castes and Scheduled Tribes (Modification) Order 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, The State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization Act, 1971) and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976.)

\*The constitution (Jammu & Kashmir) Scheduled Caste Order, 1956;

\*The Constitution (Andaman and Nicobar Islands) Scheduled Tribes, 1959, as amended by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976;

\*The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order 1962; \*The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order,

1962; \*The Constitution (Pondichery) Scheduled Castes Order, 1964;

\*The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;

\*The Constitution (Goa, Daman & Diu) Scheduled Tribes Order,

1968; \*The Constitution (Nagaland) Scheduled Tribes Order, 1970;

\*The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968;

\*The Constitution (Sikkim) Scheduled Castes Order, 1978;

\*The Constitution (Sikkim) Scheduled Tribes Order, 1978;

\*The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990.

\*The Constitution (Scheduled Tribes) Order, (Amendment) Ordinance, 1991.

\*The Constitution (Scheduled Tribes) Order, (Second Amendment) Act,

1991. \*The Constitution (Scheduled Tribes) Ordinance, 1996

**This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issue to**

Shri \_\_\_\_\_ Father of Shri \_\_\_\_\_ of  
village/town \_\_\_\_\_ in District/Division \_\_\_\_\_ of the State/UT \_\_\_\_\_  
\_\_\_\_\_ who belongs to the \_\_\_\_\_ caste/Tribe which is recognized as a SC/ST in the State/Union Territory

\_\_\_\_\_ issued by the \_\_\_\_\_ (name of the prescribed issuing authority) vide their  
No. \_\_\_\_\_ dated \_\_\_\_\_ or Shri \_\_\_\_\_ and or  
his/her family ordinarily reside(s) in Village/Town \_\_\_\_\_ of \_\_\_\_\_ District/Division of the State/Union Territory of

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

(With Seal of Office)

### **LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:**

1. District Magistrate/Additional District  
Magistrate/Collector/Deputy Commissioner /Additional  
Deputy Commissioner/Dy. Collector/ <sup>1st</sup> Class Stipendiary  
Magistrate/Sub Divisional Magistrate/Extra Assistant  
Commissioner/ Taluka Magistrate/Executive Magistrate.
2. Chief Presidency Magistrate/Additional Chief Presidency  
Magistrate/Presidency Magistrate.
3. Sub-Divisional Officers of the area where the candidate  
and/or his family normally resides.
4. Revenue Officers not below the rank of Tahsildar.