

**RAJIV GANDHI SUPER SPECIALITY HOSPITAL SOCIETY  
RAJIV GANDHI SUPER SPECIALITY HOSPITAL  
TAHIRPUR, DELHI -110093**

**APPLICATION FORM**

Passport size  
photograph  
of candidate  
duly signed  
by himself

1. Post applied for \_\_\_\_\_
2. Demand Draft/ Pay order/Bankers Cheque Details) \_\_\_\_\_
3. Name (In Block Letter) \_\_\_\_\_
4. Father's/Husband Name \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Gender (Male/Female/Other) \_\_\_\_\_
7. Age on 01.12.2018 \_\_ Year \_\_ Months \_\_ Days
8. Marital Status (Married/Unmarried) \_\_\_\_\_
9. Nationality \_\_\_\_\_
10. Adhar No \_\_\_\_\_
11. Passport/Voter ID No \_\_\_\_\_
12. Whether SC/ST/OBC(enclose duly attested relevant)document (Yes / No) \_\_\_\_\_
13. Address (Permanent) \_\_\_\_\_  
\_\_\_\_\_
14. Address for correspondence \_\_\_\_\_  
\_\_\_\_\_
15. Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_
16. Email Address \_\_\_\_\_
17. Current medical Council Registration with State Medical Council/MCI \_\_\_\_\_
18. Educational Qualification (Starting from Matriculation Examination onwards):
- 19.

1	2	3	4	5	6
Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Month/Year of passing	College of University
Total of All MBBS Exams					
MD/MS/DNB/Equivalent					
DM/MCh/DNB/Equivalent Degree					
Any Other					

21. Details of Experience (if Any)

Name of Institute	Designation	From	To	Nature of Duties Performed

**DECLARATION**

- I hereby solemnly declare and affirm that statements made in this application are true, complete correct, to best of my knowledge and belief. I understand that in the event of any information/facts being found untrue/false/incorrect my candidature is liable to be cancelled/terminated besides taking any other action deemed fit in this regard. I will have no claim for absorption after termination/completion of contract period of tenure. I shall abide by the terms and conditions as prescribed.
- **For Govt. Employees:** I have also informed my Head of Office/Department in writing that I am applying for this post and shall produce "No Objection" Certificate at the time of the Interview.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

(NAME AND SIGNATURE OF THE APPLICANT)