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APPLICATION FORM FOR PREPARING PANEL FOR APPOINTMENT OF JUNIOR RESIDENTS (CONTRACTUAL)

IN GOVERNMENT MEDICAL COLLEGE HOSPITALS OF BIHAR (Please submit in Duplicate, All fields required to be filled in)

Name (Capitals) Dr. _____ Date of Birth / /

Reservation Category: UR / OBC / EBC / WBC / SC / ST, Whether DQ: Y/N Sex: M/ F

Father's/Husband's Name: _____

Correspondence Address: _____

Permanent Address: _____

Affix Passport Size
Recent Photograph
and Self-attest it by
signing across it
running onto the
form.
Do not sign on face

Marital Status: _____ Contact no: _____ Email ID: _____

Current Place of Work/Employer, State _____

If Spouse also applying or working, mention _____

Educational Qualifications: MCI recognised MBBS or equivalent:

College of passing _____ University _____

Year of passing MBBS _____ State, Country _____

Was the college MCI recognized? Yes/ No _____ If foreign degree, year of passing Screening test _____

Date of Internship completion / / Internship Completion Certificate number _____

Medical Registration number _____ Year _____ State _____

Marks obtained in University Examinations Failures _____, (in words) _____

Univ. Exams	1 st MBBS	2 nd MBBS	Final MBBS (1)	Final MBBS (2)	Aggregate	Point (As per 2013 Rule)	Deduct point for Failures	Total Point (A)
Marks obtained								
Full Marks								
Percentage	___%	___%	___%	___%	___%			

Any Postgraduate Diploma (Subject with year): _____ (No point to be added for PG Diploma)

Declaration by Candidate: I hereby declare that the information furnished in this application form is true. If, at any stage, it is found to be incorrect, I will be liable for administrative action including termination of my contract and initiation of legal proceedings.

Date: ___/___/___ Signature of candidate (in Hindi & English) _____

For Use of Document Verification Team: Mark "Yes" if verified to be true, "No" if deficient/discrepancy

- | | | | |
|--|--------|-------------------------------------|--------|
| 1. Form submitted in duplicate | Yes/No | 6. MBBS Degree, Screening Test | Yes/No |
| 2. Match Photograph of candidate | Yes/No | 7. Internship Completion | Yes/No |
| 3. Match Signature of candidate | Yes/No | 8. Marksheets, Attempts/Failures | Yes/No |
| 4. Reservation Claim (Caste Certificate) | Yes/No | 9. Medical Registration Certificate | Yes/No |
| 5. Date of Birth (Matriculation Certificate) | Yes/No | 10. PG diploma/degree (if any) | Yes/No |

Remarks on discrepancies: _____

Interview Marks (B) (out of 6 marks) _____ Total Point (A+B) _____

Signature of verifying officers

Appl. no. _____

College seal

1 2 3 4 5

23/11