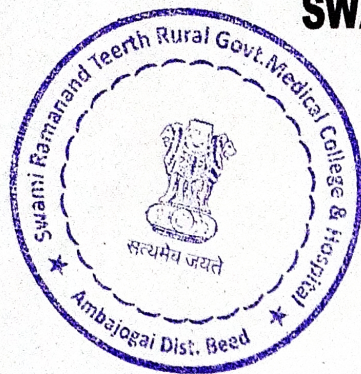


Form No.

**SWAMI RAMANAND TEERTH RURAL MEDICAL COLLEGE
AMBAJOGAI**



Form Fee Rs. 250/-

Receipt No.

Date :

Passport size
Photograph to be
affixed here and
attested by
Gazetted Office.

Last date of filing application

**APPLICATION FORM FOR JR. RESIDENT - I POST (SERVICE APPOINTMENT)
(AT SRTR MEDICAL COLLEGE AMBAJOGAI DIST. BEED)**

INSTRUCTION

1. Application form must be written in candidate's own handwriting in Block letters.
2. Incomplete application form or forms without attested copies of certificates will be summarily rejected.
3. Application for complete in all respects should be submitted in person and a receipt obtained there of before office closure on the stipulated date.
4. Applicants are required to pursue progress of registration process by diligently observing Notifications by the Dean as displayed on notice board. No individual letter will be written to applicants, nor any correspondence in this context will be entertained.
5. Applicant must specify If any of his original certificate is a bonafide DUPLICATE certificate issued by the competent authority.

1. (a) Name in full.....
(Surname) (Name) : (Middle Name)

(b) Sex

2. Name and address of Lawful Guardian :
.....
.....

3. Date of Birth :

4. Category (Prof necessary, if applicant wants
to be considered under reserved classes)
SC/ST/VJ/NT-1/NT-2/OBC/OPEN.

: 2 :

5. Whether you have taken admission to MBBS courses as a Backward Class candidate. If yes, attach certificate/from the Dean of the College concerned.
6. Date of admission to 1st MBBS
7. State if you have been transferred to IInd MBBS from another Medical College outside Maharashtra, (if yes, furnish details)
8. Whether you have been admitted to MBBS course through All Indian Entrance Examination as Govt. of India nominee or nominee on seat for Border area or reciprocal basis (if yes, furnish details).
9. Name of Medical College from which graduated.
10. Name of the University from which graduated.
11. Registration number with Maharashtra Medical Council or Relevant State Medical Council.
12. (A) Residency/Post in which post is desired.
Give only three name of the Dept.

(1)
(2)
(3)
13. Have you obtained any post-graduate qualification.
If yes, give details.
14. Were you admitted to any post graduate course after graduation. If yes, give details.
15. State if you stand registered now for any postgraduate course in any Medical College.
If yes, furnish details.
16. State if you are employed, if yes, state the name of Employer and the post held.
17. Whether your admission to any Postgraduate course has been cancelled by the Dean/University.
If yes, furnish details.

FIRST M.B.B.S.

Subject	Month and Year of passing	Subject Marks	Attempt	Grand Total
1. Anotomy				
2. Physiology				
3. Biochemistry				

SECOND M.B.B.S.

Subject	Month and Year of passing	Subject Marks	Attempt	Grand Total
1. Pathology				
2. Microbiology				
3. Pharmacology				
4. F. M. T.				

THIRD M.B.B.S.

Subject	Month and Year of passing	Subject Marks	Attempt	Grand Total
1. Medicine				
2. Surgery				
3. E. N. T.				
4. Opthalmology				
5. Obst. & Gyanecology				
6. Preventive & Social Medicine				
7. Paediatric.				

18. Total number of attempts for passing
- (1) First M.B.B.S.
- (2) Second M.B.B.S.
- (3) Third M.B.B.S.

: 4 :

19. Date of starting and completion of intership.

20. Experience of Govt. Service
(attach certificates.)

Period

Authority

Post held

Date :

Place :

Signature of Applicant

DECLARATION

I hereby declare that, the information furnished above by me is true. I hereby agree, if admitted, to confirm to the rules and regulations in force from time to time. I will do nothing either inside or outside the college that will interference with these. I have carefully gone through all the Rules and given an undertaking that I shall abide by the decisions of the Dean/Director, I understand that I am at risk of being deregistered, if I do not diligently pursue by post-graduate study to the satisfaction of my teacher and Institute.

Date :

Signature of Applicant