

Candidates are warned not to leave any non-applicable column blank. In case the information sought in any column is not applicable to the applicant, they may write N.A. in the respective column. (Use only blue/black ball point pen to fill the application form.)

APPLICATION FORM AGAINST ADVERTISEMENT NUMBER _____ and POST SERIAL NO. _____					
1	Name of the post applied for:-				
2	Full Name:- (IN BLOCK LETTERS) :-		PHOTOGRAPH		
3	Father's Name :- (as mentioned in matriculation certificate)				
4	Mother's Name :- (as mentioned in matriculation certificate)				
5	Date of Birth:-(as mentioned in matriculation certificate) (DD/MM/YYYY)		____/____/____		
6	Age as on CRUCIAL DATE:-		Years _____	Months _____	Days _____
7	Gender (Please tick the appropriate option).:-		Male	Female	Others
8	Category:- (UR/OBC(NCL)/SC/ST/EWS)		_____		
9	Whether candidate is Person with Benchmark Disability (PwBD)? (Indicate Yes or No). If yes, please also provide the following information-				
a)	Category of Disability:-Please indicate the related category of disability (VH/HH/OH/Others)		_____		
b)	Details of certificate issued:-	Disability Certificate Number and Date	Issuing authority	Unique ID Number of PwBD certificate	
10	Whether seeking age relaxation? (Indicate Yes or No). If YES, the following information shall be given:-				
11	Age Relaxation Code:- Please refer to para 5.1 of the advertisement				
12	Nationality:-				
13	Mark of Visible Identification:-				

14	Details of Educational Qualification					
	Certificate/Degree passed	Name and State/UT of Board/University/Institute	Name of degree/diploma/certificate etc.	Roll No.	Passing Year	Percentage/CGPA
a)	Details of Matriculation (10 th) or equivalent passed qualification:-					
b)	Details of Qualifying Educational Qualification:-					
c)	Highest Educational Qualification:-					
15	Working experience required to be considered for the post					
	Employer details: (Name and Address)	Designation of the post worked on	From To	Period of Experience (Years-Months-Days)	Experience certificate(s) is attached or not? (Please indicate Yes or No)	
a)						
b)	Grand Total of experience attained			_____ Years _____ Months _____ Days		
16	Whether applicant is a Central Govt. civilian employee? (Indicate Yes or No)					
a)	Period of service rendered:-	From (DD/MM/YYYY):-	___/___/_____	To (DD/MM/YYYY):-	___/___/_____	
b)	Length of service rendered by the applicant as on closing date of application:-			Years _____	Months _____	Days _____
17	Whether applicant is an Ex-Servicemen (ESM) or serving in the Armed Forces? (Indicate Yes or No). If so,					
a)	Date of Joining the Armed Forces:-(DD/MM/YYYY)			___/___/_____		
b)	Date of Discharge/Likely Date of Discharge from the Armed Forces (DD/MM/YYYY):-				___/___/_____	
c)	Length of service in the Armed Forces:-			Years _____	Months _____	Days _____

18	Have you already joined a civil post of Group 'C' or 'D' by availing benefit of reservation for Ex-Serviceman (ESM)? (Indicate Yes or No).			
19	Correspondence Address:-	District	State:-	Pin Code:-
20	Permanent Address:-			
21	Mobile Number:-			
22	E-Mail ID:-			
23	Aadhar Number:-			
24	Another type of Photo ID:-			
a)	ID Number:-			
b)	Issuing Authority of ID:-			
25	Are you entitled to avail the facility of a scribe? (Indicate Yes or No). If yes, following information shall be provided:-			
a)	Are you a person with benchmark disabilities (40% or more) in the category of OH-Both Arms Affected (OH-BA) or OH-Cerebral Palsy (OH-CP)? (Point 3 in General Instructions) (Indicate Yes or No).			
b)	Are you a person with benchmark disabilities (40% or more) in the category of Blindness (VH)? (Point 3 in General Instructions) (Indicate Yes or No).			
c)	Do you have a physical limitation to write as per Point 3 in General Instructions of the Advertisement (Certificate to this effect from competent authority as per format of Annexure I/IA of the advertisement would be required at the time of the Examination)? (Indicate Yes or No).			
d)	Whether scribe is required? If yes, following information may please be provided (Please see Point 3 in General Instructions of the advertisement) (Indicate Yes or No).			
e)	Will you make your own arrangement of scribe? (Indicate Yes or No).			
f)	If scribe is to be arranged by Safdarjung Hospital, then indicate medium. (Please tick the appropriate option)			HINDI ENGLISH
26	Whether the receipt of fee payment/Demand Draft/Banker's Cheque has been attached? (Yes/No/Exempted)	_____	Details of fee receipt:-	

Declaration

- I I have read the Advertisement and accept all the Terms & Conditions mentioned therein.
- II I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/false or incorrect at any stage or ineligibility being detected before or after the Examination, my candidature/ appointment is liable to be cancelled.
- III I declare that the photograph pasted in the Application Form has been taken on or after the stipulated date.
- IV I agree to authorize Safdarjung Hospital to use my Aadhar data for verification purpose.

LEFT THUMB IMPRESSION	SIGNATURE OF APPLICANT
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