

INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS)

Hospital based autonomous academic Institute, under
Government of National Capital Territory of Delhi dealing with

"Brain- Mind Problems & Their Solutions"

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Application form for the post of Sr. Resident on Regular/Tenure basis in the Department of

Pay Order/DD No. _____

Date _____

1. Full Name (IN BLOCK LETTERS) _____

2. Father's/Husband's Name _____

3. Date of birth _____

4. Permanent Address _____

Recent Passport Size
Photograph

5. Correspondence Address _____

6. Contact No & e-mail : _____

7. MCI/Delhi Medical Council Registration No. _____

8. Academic Qualifications

Examination Passed	Division/% of marks	Board/University	Year of Passing	Subject Taken	No. of attempt

9. Sex: Male Female

10. Marital Status: Married Unmarried

11. Category: General OBC SC ST PWD EWS

12. Date of completion of internship _____

13. Senior/Junior-Residency done if any (Name, Institution and Duration)

** Attach separate sheet if space is not sufficient.*

I certify that the information provided above is true. In case of any false information, the application will be rejected.

Place:

Date:

Please Note:-

Signature of the Applicant