

APPLICATION FOR RESIDENCY PROGRAMME LEADING TO THE DNB (PSYCHIATRY)

- I. Application Number :
 II. Name :
 III. Age :
 IV. Sex :
 V. Date of Birth :
 VI. Religion :
 VII. Marital Status : Married Not Married
 VIII. Address to which communication
 to be sent :
 IX. Qualification :

Qualification	Year of Passing	University	College	Distinction in Any
MBBS				
Post Graduate				
Diploma				
House Job				

- X. Experience :
 (Place of Working, Period etc.)
- XI. Academic achievements, if any, Including research projects done: **Yes / No**
- XII. Paper presented in any conference : **Yes / No**
- XIII. Reason for applying to Psychiatry :

- XIV. Reason for applying to N B E:

- XV. Names of two references who knows you very well & their address:
 1.----- 2.-----

- XVI. Parents / Guardians Name & Occupation: -----

- XVII. Whether you will be needing Accommodation, if selected **Yes / No**

**A CHECK LIST OF COPIES OF CERTIFICATES TO BE ENCLOSED
 (Copies need not be attested)**

Number all the enclosure in the following order Detail:

01. MBBS degree certificate
02. MBBS course certificate
03. Conduct certificate from college last studied
04. No objection certificate
05. Conduct certificate from two other responsible person
06. Mark sheet of final MBBS course in clinical subjects
07. Certification prizes and models
08. Any research paper accepted
09. Any publication accepted
10. Social service of professional character
11. Any Service of professional character
12. Registration certification with state medical council.

Registration fee of RS.500/-enclosed by -----
Demand draft No.-----of date-----
(bank) ----- drawn in favour of C PSYCHIATRIC
REHABILITATION, EDUCATION & RESEARCH

XVIII. I,----- do hereby solemnly and is that the information furnished in my application and also the enclosure submitted by me are true. Should it however be found that any inform furnished there to is untrue in marital particulars, I realize that sear institute at any State.

Signature of the Applicant :
Date :
Place :

NOTE TO THE CANDIDATE

01. Use CAPITAL LETTER whenever required.
02. Write legibly.
03. Make sure you have enclosed all the copies of certificates that be taken note off.
04. Send the application only through registered post or reliable.
05. Fasten all the enclosures to the application form.
06. Correspondence regarding selection and admission for the could be entertained and considered a His – qualification.
07. The last date for submitting the filled up application for is Dec 15th.
08. Interview will be on the first week of January / July.
09. Please attach a fee of Rs. 500/ payable by DD payable to SOWMANASYA HOSPITALS', TRICHY-2.
10. Please note that the interview for selection will be held on 9.1.07 at 10.1.07 at Director office at Trichy.