

Signature of Applicant

	Advertisement No.	11101	PROFORMA FOR THE POST OF SENIOR RESIDENT Anaesthesiology/ 04 / Ad-hoc Senior Resident/ 2025						Affix your		
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	Department applied for:		:Anesthesiology						Pilo	tograpii	
	Name of the Applicar										
	& Registration Number (NMC/										
	State Medical Council)		Reg. No. Date					ed:			
	Father's Name		:								
	Date of Birth (with proof of Age & Age on cut-off date)		D.O.B: Date:		ate:	Month:		<u>h:</u>	Year:		
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