



Chanakya National Law University, Patna

(University established by Act No. XXIV of 2006)

Nyaya Nagar, Mithapur, Patna- 800001 (Bihar)

Advertisement No. 40/2026-27(Appt.)

Date: 24.04.2026

Application Form for the contractual position of Resident Physician

Name of the Applicant : _____
(CAPITAL LETTERS)
Date of Birth (DD-MM-YYYY) : _____
Age in years as on 09.05.2026 : _____

*Affix your latest
coloured
photograph and
sign across*

Gender (Male/Female/Transgender) : _____

Father's Name : _____

Mother's Name : _____

Correspondence Address : _____

Pin Code: _____

Permanent Address : _____

Pin Code: _____

Mobile No. : _____

E-mail ID : _____

Marital Status : _____

Nationality : _____

Registration No. by National Medical Council/State Medical Council : _____

Category : _____

[(i) Unreserved (UR), (ii) Unreserved (Female), (iii) Economically Weaker Section (EWS), (iv) EWS (Female), (v) Backward Classes (BC), (vi) Backward Classes (Female), (vii) Extremely Backward Classes (EBC), (viii) Extremely Backward Classes (Female), (ix) Scheduled Caste (SC), (x) Scheduled Caste (Female), (xi) Scheduled Tribes (ST)]

If, Physically Disabled :

(a) Indicate category (OH/VH/HH) : _____

(b) % of disability : _____ (Copy to be enclosed)

Academic Qualifications:

Name of the Degree	Name of the School/Institute	Board/ Council Name	Passing Year	Marks in Percentage/ CGPA/ Grade	Annexure No.
MBBS					
12 th (Intermediate)					
10 th or Equivalent (For verification of age)					

Experience Details:

SI. No.	Name of the Organization/ Institution/ University	Date of Joining	Date of Leaving	Annexure No.
1.				
2.				
3.				
4.				

DECLARATION:

Certified that:

- (a) The information given herein is complete and correct.
- (b) No disciplinary proceeding is pending or contemplated against me.
- (c) I have never been dismissed from service nor debarred from holding any future appointment nor convicted for any offence. No criminal case is pending against me.
- (d) In case of concealment/ suppression of fact(s), which may be detected at any stage in future, my candidature is liable to be cancelled/ terminated, as the case may be, without notice.

Note : Please specify if any criminal case is pending against you.

Date:.....

(Signature of Applicant)

**LIST OF SELF-ATTESTED DOCUMENTS ATTACHED
(ORIGINAL TO BE PRODUCED AT THE TIME OF INTERVIEW).
PLEASE FILL THE ENCLOSURES ATTACHED DOCUMENTS
(PLEASE GIVE SEQUENTIAL NUMBER TO EACH PAGE).**

Sl. No.	Particulars	Annexure No.	Page Number From – To
1.	Degree of MBBS		
2.	12 th (Intermediate)		
3.	10 th or Equivalent <i>(For the verification of age)</i>		
4.	Experience Certificate		
5.			
6.			
7.			
8.			

NOTE : The candidate is requested to submit the self-attested documents as mentioned above.