

Date:

Choice Proforma for Junior Resident

Name of the candidate:-.....

Speciality	Choice No.	Speciality	Choice No.
Emergency Medicine		Medicine	
Obst. & Gynae.		IHTM(Blood Bank)	
Paediatrics		Paediatric Surgery	
Trauma Centre		Urology	

Signature

Date:

Choice Proforma for Junior Resident

Name of the candidate:-.....

Speciality	Choice No.	Speciality	Choice No.
Emergency Medicine		Medicine	
Obst. & Gynae.		IHTM(Blood Bank)	
Paediatrics		Paediatric Surgery	
Trauma Centre		Urology	

Signature