

**APPLICATION PERFORMA FOR POSTS UNDER  
'NATIONAL SURVEY ON EXTENT AND PATTERN OF SUBSTANCE USE IN INDIA'  
DEPTT. OF PSYCHIATRY,  
GOVERNMENT MEDICAL COLLEGE & HOSPITAL, SECTOR-32, CHANDIGARH  
(Hospital Building), Sector 32-B, Chandigarh – 160 030 Ph. 0172-2502402/2504507 Fax No. 0172-2609360**

**THE PROFORMA MAY BE SENT TO THE ADDRESS: Department of Psychiatry, GOVT. MEDICAL COLLEGE & HOSPITAL, SECTOR 32, CHANDIGARH 160030**

**LAST DATE FOR RECEIPT OF HARDCOPY 25.7.2017 UPTO 01:00 P.M.  
DATE OF INTERVIEW : 28.7.2017 AT 10.00 A.M.**

Affix self  
attested  
photograph

1. Full Name (BLOCK LETTERS) : \_\_\_\_\_  
(First Name) (Middle Name) (Surname)
2. Father's/Husband's name : \_\_\_\_\_
3. Date of birth (Date/ Month/ Year) : \_\_\_\_\_  
(Date) (Month) (Year)
4. Age (as on the 25.07.2017) : \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days
5. (a) Permanent Home Address with Telephone/Mobile No. : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (b) Correspondence/Mailing Address with Telephone/Mobile No. : \_\_\_\_\_  
 \_\_\_\_\_
6. Whether belongs to  Gen  S.C  OBC  EXM

7. Educational qualification in Chronological Order

Examination Passed	Year of Passing	Marks Obtained/ total Marks	Class/ Division	%age of marks	University/ Institution
BA/BSc/BCom or equivalent qualification					
MBBS/Master's degree in Psychology/Humanities/Social Work					
Any other qualification					

8. **Experience, if any**

Post held (indicate temporary/permanent)	Period		Total Period			Employer's Address
	From	To	Years	Months	Days	

9. Registration Number & State in which registered

10. E Mail ID : \_\_\_\_\_

I am enclosing herewith the photocopies of following certificates/testimonials (tick) duly attested by the Gazetted Officer or self attested:

- (i) Degree(s)
- (ii) Date of Birth Certificate
- (iii) Registration Certificate
- (iv) Any other documents \_\_\_\_\_.

Place:  
Dated:

**(Signature of Candidate)**