

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH

Application form for Pre-Hospital Trauma Technician Course

Category	General <input style="width: 40px; height: 30px;" type="checkbox"/>	SC <input style="width: 40px; height: 30px;" type="checkbox"/>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Passport Size Photo </div>
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1. Applicant's Name

2. Father's Name

3. Mother's Name

4. Date of Birth:- Day Month Year Sex M F

5. Nationality Married Yes/No

6. Demand Draft Amount, Number & Date:

7. Details of Qualifying Examinations passed:-

Examination	University/Board	Subjects offered	Year	Total Marks	%age
Matric					
10+ 2					

I hereby solemnly and sincerely affirm that the statement/information furnished in the application form are true and correct and nothing has been concealed therein.

I hereby declare that I shall submit all the original certificates at the time of interview and in case I fail to do so, my candidature for admission may straightway rejected.

Dated _____

Signature of the Candidate

Permanent Address:- Name Address City Pin Phone	Correspondence Address:- Name Address City Pin Phone
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