CHANDIGARH ADMINISTRATION
DEPARTMENT OF MEDICAL EDUCATION & RESEARCH,
GOVT. MEDICAL COLLEGE HOSPITAL, SECTOR 32-B, CHANDIGARH

APPLICATION FORMAT FOR THE POST OF JUNIOR RESIDENT

Affix attested Photograph

1. Full Name (BLOCK LETTERS) : _____
(Surname) (First Name) (Second Name)

2. Father's/Husband's name : _____

3. Date of birth (Date/ Month/ Year) with documentary evidence : _____

4. Age (as on the 01.01.2009) : _____

5. (a) Permanent Home Address with Telephone/Mobile No. : _____
_____

(b) Correspondence/Mailing Address with Telephone/Mobile No. _____
_____

6. (Whether belongs to Gen./ SC / OBC (with documentary evidence) : Gen. SC OBC

7. UNDERGRADUDATE/ POSTGRADUATE CAREER
(attach attested copies of certificates/degrees in support of qualifications)

Examination Passed	Year of Passing	Overall Marks Obtained in all professionals	Overall Maximum Marks in all professionals	Overall % age Of marks in all Professionals	University/ Institution
M.B.B.S/B.D.S					

8. Marks in Final Professionals(I & II) (including EYE, ENT & SPM) (for MBBS) : _____ Marks obtained _____ Maximum Marks _____ Percentage

9. Date & Year of Completing Internship with the Name of University/College/Hospital _____

10. Detail of previous house jobs, if any

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

11. Whether MBBS degree is recognised by Medical Council of India : Yes / No

12. Whether registered with State Medical Register or Indian Medical Register
(with documentary proof)
(a) Registration No. with the Medical Council _____
(b) State in which registered _____

13 I hereby attach attested copies of MBBS Degree Certificates attested copies of educational qualifications, experience, date of birth certificate, character certificate, Medical registration certificate with Medical Council of India/State Medical Council, internship completion certificate, Mark Sheet of MBBS, First Prof., Second Prof., Final Prof. Part-I & II, Caste/Community Certificate, issued by the competent authority etc. along with latest photograph and application fee of Rs. 100/- (25/- for SC/ST candidates if applied against reserved category)

14. Details of Application Fee :Demand Draft No. _____ Dated _____ Amount Rs._____.

Place : (Signature of Candidate)
Dated :

DECLARATION BY THE CANDIDATE

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I have never been debarred from appearing at any examination nor have I ever been arrested, prosecuted or convicted by criminal court or involved in any other case registered by the police. I understand that my candidature is liable to be rejected in the event of any mis-statement/ discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation if at any stage of my selection, my ineligibility for candidature is detected and my candidature is cancelled as a result thereof.

Place: (Signature of Candidate)
Dated: