

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH

Application Form

Short-Term Attachment Physiotherapy Internship with Orthopaedics Department

1. Name of the Candidate : _____
2. Father's Name : _____
3. Date of Birth : _____
4. Address for Correspondence : _____

5. Telephone/Mobile No. if any : _____
6. E-mail, if any : _____
7. Education Qualifications : _____

Sr. No.	University/College	Year of Passing	Semester/Prof. wise marks		
			Marks Secured	Max. Marks	%age

8. Whether belongs to S.C. Category : Yes/No
9. Details of enclosed draft : Amount Rs. _____ Dated _____
Bank: _____

Signature of Applicant