

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

APPLICATION FORMAT

Name of the post applied for: _____

Affix attested
Photograph

1. Full Name (BLOCK LETTERS): _____
2. Father's/Husband's name: _____
3. Date of birth (Date/ Month/ Year) with documentary evidence: _____
4. Age (as on the 01.01.2017): _____

5. Whether working under Central State Government/
Union Territories/Statutory Bodies/Autonomous
Organisations/Research Institution: _____

6. If yes to 5 above, whether No Objection Certificate
Issued by Present Government employer is attached or not: _____

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

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

(c) E-mail ID: _____

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

Gen.

SC

OBC

9. Educational qualification in Chronological order
(attach attested copies of certificates/degrees in support of qualifications)

Examination Passed	Year of Passing	Overall Marks Obtained in all professionals	Class/Division	% age Of marks	University/ Institution

10. Experience, if any

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

11. Whether registered with Medical Council of India.
(with documentary proof)

(a) Registration No. & Date with the Council: _____

(b) State in which registered: _____

12. I hereby attach attested copies of educational qualifications, experience, date of birth certificate, character certificate, registration certificate with Medical Council of India, Mark Sheets, Caste/Community Certificate, issued by the competent authority, No Objection Certificate from the employer, if already working under Central Govt./State Govt./Union Territories/Statutory Bodies/Autonomous Organisations/Research Institution etc. along with latest photograph.

13. Details of Application Fee: _____

Place
Dated:

(Signature of Candidate)

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
Dated:

(Signature of Candidate)