

CHANDIGARH ADMINISTRATION  
DEPARTMENT OF MEDICAL EDUCATION & RESEARCH,  
GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH

1. Name of the post applied for (with Dept Name.)  
{Fill Deptt./ Post name in order of preference if applying  
for more than one post with requisite application fee(s)}

2. Full Name (BLOCK LETTERS)

Dr./Mr./Ms \_\_\_\_\_  
(First name) (Second name) (Surname)

3. Father's/Husband's name (encircle as applicable) (BLOCK LETTERS)

S/o, D/o, W/o \_\_\_\_\_

4. Date of birth (Date/ Month/ Year) attach documentary evidence

5. Age (as on the 01.01.2025)

\_\_\_\_\_ years \_\_\_\_\_ month(s) \_\_\_\_\_ day(s)

6. Whether working under Central / State Governments / Union Territories / Statutory Bodies / Autonomous Organisations / Research Institutions (Please specify the post held)

7. Whether permanent/ temporary (with documentary evidence)

Permanent / Temporary (encircle if applicable)

7(a) Nationality

By Birth ☐ Other ☐  
(Pleas tick ✓ as applicable)

8. Correspondence/Mailing Address with Telephone/Mobile No.

(Attach documentary evidence duly attested)

10 UNDERGRADUATE/ POSTGRADUATE CAREER  
(attach attested copies of certificates/degrees in support of your qualifications)

Name of the Examination	Month & Year of Passing the examination	Overall marks obtained in all professionals	Overall maximum marks in all Profs	Overall % age Of marks in all Professionals	Name of the University/ Institution
M.B.B.S.					
(M.D./M.S./ M.D.S./DNB / MHA) {Please specify or encircle as applicable}					

11. Whether postgraduate degree is recognised by Medical Council of India

Yes / No

12. Whether registered with State Medical Council or MCI

(attach documentary evidence)

(a) Registration No. with the Medical Council of India/ State Medical Council

(b) MCI or State Medical Council of India in which registered

13. Teaching/Professional/ Research Experience after obtaining Postgraduate Qualification in chronological order: -  
(attach attested copies of experience certificates)

Name of the employer	Date of joining	Date of relieving	Yrs.	Total Period Mths Days	Name of the post held (also state whether temporarily or substantively).	Pay Scale and present rate of pay and allowances

14. If selected, what notice would you Required before joining

15. I hereby attach attested copies of certificates / degrees in support of age category, qualification and experience etc. i.e. Date of Birth Certificate, MBBS Certificate, PG Certificate, MCI Registration Certificate for MBBS/PG, Experience Certificate, Caste Certificate & Employer Certificate etc.

16. Details of Application Fee paid : Name of the Bank \_\_\_\_\_ Demand Draft No.(s) \_\_\_\_\_ Dated \_\_\_\_\_  
for \_\_\_\_\_

Place :

Dated :

**DECLARATION BY THE CANDIDATE**

(Signature of candidate)

Post/ Deptt. applied for (as per S.No. 1 above) \_\_\_\_\_ in Govt. Medical College & Hospital, Chandigarh.

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)

**CERTIFICATE TO BE GIVEN BY THE CADRE CONTROLLING AUTHORITY/ EMPLOYER WHILE FOWARDING THE APPLICATION**

1. Certified that Dr./Shri/Smt./Kumar \_\_\_\_\_ holds a post of \_\_\_\_\_ in this department/office/ institution/ organisation and the particular furnished by the officer are correct as per the record in this office. I have no objection to his/her application being considered for the post.
2. Certified that no disciplinary/Vigilance proceedings are pending or contemplated against the officer. No major or minor penalty have been imposed to the officer during the last ten years.

No. \_\_\_\_\_  
Dated \_\_\_\_\_

Name, Signature & Seal  
of the cadre controlling authority  
Designation \_\_\_\_\_  
Office Stamp \_\_\_\_\_