

MENTAL HEALTH INSTITUTE

(District Mental Health Programme)

Near S.D. College & PPOI, Sector 32, Chandigarh 160030

Ph. No. 0172-2601738 (Ext. 230) Email: mhpsychiatry@gmail.com



1. Name of the post applied for (Contract) : **CONSULTANT PSYCHIATRIST (under DMHP)**
2. Full Name (BLOCK LETTERS) :
3. Father's/Husband's Name :
4. Date of birth (Date/Month/Year) with documentary evidence: _____
5. Age (as on 01.10.2025) :
6. Whether working under Central/State Govt/Union: _____
Territories/Statutory Bodies/Autonomous
Organizations/ Research Institutions
7. (a) Permanent Home Address with Telephone/Mobile No.: _____
(b) Correspondence/Mailing Address with Telephone/Mobile No.: _____

8. Whether belongs to Gen./OBC:

OBC

Gen.

9. UNDERGRADUATE/POSTGRADUATE CARRER
(attached attested copies of certificates/degrees in support of your qualifications)

Name of the Examination	Month & Year of Passing the examination	Name of the University/Institution

10. Whether postgraduate degree is recognized by Medical Council of India : Yes/No
11. Whether registered with State Medical Register or Indian Medical Register (with documentary evidence)
- (a) Registration No. with the Medical Council : _____
- (b) State in which registered : _____
12. Teaching/Professional/Research Experience after obtaining Postgraduate Qualification in chronological order:-
(attached attested copies of experience certificates)

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

13. Additional qualification such as Membership of Scientific Societies etc. _____
14. Detail of prize Medals, Scholarships and National/International awards _____
15. If Selected what notice would you Require before Joining _____
16. I hereby attach attested copies of certificates/degrees in support of age category, qualification and experience etc.
i.e. Date Birth Certificate, MD Psychiatry or DNB Psychiatry degree Certificate, MCI Registration Certificate for MD Psychiatry or DNB Psychiatry degree Certificate, Caste Certificate & employer certificate etc.
17. Details of Application fee paid: Name of the Bank _____ Demand Draft No. _____ Dated _____

Place:

(Signature of the Candidate)

Dated:

DECLARATION BY THE CANDIDATE

Post applied for (Contract) _____ Mental Health Institute, Sector 32, 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 cancelled as a result thereof.

Deficiency if any: _____

Place:

(Signature of the Candidate)

Dated:

CERTIFICATE TO BE GIVEN BY THE CADRE CONTROLLING AUTHORITY/EMPLOYER WHILE FORWARDING THE APPLICATION ON DEPUTATION/CONTRACT:-

1. Certified that Dr./Sh./Smt./Kumari) _____ holds a post of _____ in this department/office/institution/organization and the particular furnished by the officer are correct as per the record held 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. _____
Date: _____

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

Draft