# GOVT. MEDICAL COLLEGE & HOSPITAL, SECTOR-32, CHANDIGARH

Serial I	No. of Merit List _			(	Category	Affix attested			
Application ID				F	Roll No:	photograph			
1.	Name of the post	applied for		: \$	STAFF NURSE/NURSING OFFICER				
2.	Full Name (BLOC	CK LETTER:	S)	: -	First Name)	(Middle Name)	(Surname)		
3.	Father's/Husband		: _						
4.	Date of birth (Date/ Month/ Year)			: (	Date)	(Month)	(Year)		
5.	Age (as on the 0	1.01.2021)		: _	Years	Months _	Days		
6.	Whether working Govt. / Union Ter Autonomous Org	ritories/Statu							
7	If yes to 6 above, whether No Objection Certificate: issued by Present Government employer is attached or not.								
8.	(a) Permanent Ho Telephone/Mobile		s with						
	(b) Corresponder Telephone/Mobile		Address with	: _					
9.	Whether belongs	to	Ger	n S	.C OBC	EXM//Self	EXM/LD		
10	If belongs to OBC (see website www.		mention your Caste in)	(	Caste	_ Sr. No. In U.T. Ch	nd. List		
11.	Educational quali	fication in C	hronological Order a	as on last d	ate of receipt o	of online application	i.e. 15.02.2022		
Exan	nination Passed	Year of Passing	Marks Obtained/ total Marks	Class/ Division	%age of marks	University/ Instituti	on		
Matri	0	g							
10+2									
GNM									
B.Sc									
	e of ICT Skill								
12.	application i.e. 15  (a) Registration I  (GNM or B.So  (b) State in which	5.02.2022 No. & Date v c Degree)	te Nursing Council						
13.	E-Mail ID			:					

I am enclosing herewith the photocopies of following certificates/testimonials (tick) issued by the competent authority duly attested by the Gazetted Officer or self attested as on or before last date of receipt of online application i.e. 15.02.2022:

- (i) Relevant Degree/Diploma Certificate (i.e. Diploma in General Nursing & Midwifery Course from a recognized board/university or equivalent OR B.Sc. (Nursing) or equivalent from required board/university/institution.
- (ii) Registered as Nurse and Midwife in State Nursing Council.
- (iii) Reserve Category Certificate issued by the Competent Authority (If Applicable).
- (iv) Original counterfoil of the Fee Payment Challan.
- (v) Proof of Date of Birth Certificate of Matriculation/Higher Secondary.
- (vi) Certificate as proof of age relaxation if claimed
- (vii) Proof of being Departmental Candidate, if applicable.
- (viii) NOC from the present employer in case applied through proper channel in original.
- (ix) ICT Skill certificate as per advertisement.
- (x) Copy of Admit Card cum Roll Number.

If you are an Ex-Serviceman, additional certificates/documents mentioning the following will also be required: -

- a) Date of Enrollment
- b) Date of Release/Discharge
- c) Reason of Release/ Discharge
- d) Lineal Descendent Certificate duly issued by the Zila Board Officer. The lineal Descendent certificate issued by any other authority will not be considered and rejected straightway.

## **CERTIFICATE (TO BE GIVEN BY THE 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 neither 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 at any stage and my candidature is cancelled as a result thereof.

Place: (Signature of candidate)
Dated:

### NOTE:

- (i) The claim of candidates belonging to OBC category will only be considered if the Caste of OBC reflect in U.T. Chandigarh OBC list (List is also displayed on the website i.e. www.gmch.gov.in for ready reference. The OBC certificate more than one year old will not be considered and the candidature will be considered in General Category if otherwise eligible for the same without any intimation as recruitment is to be done in the time bound manner.
- (ii) The claim of EWS category will also be considered when the certificate issued by the Tehsil/Execute Magistrate in the format prescribed by Govt. of India.
- (iii) The ICT Skill course certificate will only be considered duly issued by the authority as mentioned at point No. 3 of the Essential Qualification in the Advertisement.

THE PROFORMA ALONGWITH REQUISITE DOCUMENTS MAY BE SENT TO THE ADDRESS: In the O/o DIRECTOR PRINCIPAL, ROOM NO. 228-A, DIARY & DISPATCH SECTION, LEVEL-II, GOVT. MEDICAL COLLEGE & HOSPITAL, SECTOR 32, CHANDIGARH 160030.

# GOVT. MEDICAL COLLEGE & HOSPITAL, SECTOR-32, CHANDIGARH

LAST	DATE FOR RE	CEIPT OF	HARDCOPY	20 October	2022 upto 0	5:00 P.M.			
Serial	No. of Merit List _			Category	Affix attested				
Applic	ation ID			Roll No:	photograph				
1.	Name of the pos	t applied for		÷	STAFF NURSE/NURSING OFFICER				
2.	Full Name (BLO	CK LETTER	S)	÷	(First Name)	(Middle Name)	(Surname)		
3.	Father's/Husban	d's name		:					
4.	Date of birth (Da	ear)	÷	(Date)	(Month)	(Year)			
5.	Age (as on the 0	1.01.2021)		:	Years	sMonths _	Days		
<ul><li>6.</li><li>7</li></ul>	Whether working under Central/State :								
8.	(a) Permanent H Telephone/Mobil								
	(b) Corresponde Telephone/Mobil		Address with	÷					
9.	Whether belongs	s to		Gen	S.C OBC	EXM//Self	EXM/LD		
10	If belongs to OBO (see website www.	Sr. No. In U.T. C	hd. List						
11.	Educational qual	ification in C	hronological Or	der as on las	t date of receipt	of online application	i.e. 15.02.2022		
<b>Exa</b> Matr	mination Passed	Year of Passing	Marks Obtaine total Marks			University/ Institut	ion		
10+2	2								
GNN	Л								
B.Sc	<del></del>								
	ne of ICT Skill								
12.	application i.e. 18 (a) Registration (GNM or B.S (b) State in which	5.02.2022 No. & Date v c Degree)			:	ncil as on last date	<u>,</u>		
13.	E-Mail ID				:				

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