

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, SECTOR - 32, CHANDIGARH
ESTABLISHMENT BRANCH-II

SCRUTINY PROFORMA FOR THE POSTS OF SENIOR RESIDENTS, CMO (GEN. SURGERY), RES. ANAESTHETIST, RES. PATHOLOGIST

- Post/Department Applied for** : _____
1. Full Name of the candidate : _____
2. Father's/Husband's name : _____
3. Sex (encircle the appropriate) : Male ☐ Female ☐
4. Nationality : Indian _____ Others _____
5. Date of birth (Date/ Month/ Year) : _____
6. Age as on 01.01.2026 : _____ Years _____ Months _____ Days
7. Whether working under Central/State Govt. UTs/Statutory Bodies/Autonomous : _____
8. Category : Gen. / SC / ST / OBC / OPH/ EWS
9. Mobile No. : _____
10. **Essential educational qualifications**

Name of the Examination	Month & Year of Passing	Name of the University

11. Registration with Indian Medical Council or State Medical Council

Name of the qualification	Registered with Indian Medical council or State Medical Council	Registration Number	Year of Registration
MBBS			
M.D./ M.S./ D.M./M.Ch./DNB			

12. Experience

Name & Address of the Employer	Designation	Period	
		From	To

13. Whether the application has been submitted in **prescribed format** : Yes ☐ No ☐
14. Whether the **educational qualifications** certificate(s) attached : Yes ☐ No ☐
15. Whether the Date of Birth (DOB) certificate attached : Yes ☐ No ☐
16. Whether the **Caste** certificate i.e. SC /OBC (**not BC**), issued by competent authority attached : Yes ☐ No ☐
17. Whether the **Registration Certificate** for M.D./ M.S./ D.M./M.Ch./DNB : Yes ☐ No ☐
18. Postgraduate Degree attached : Yes ☐ No ☐
19. Whether NOC, if any, attached : Yes ☐ No ☐
20. Whether experience certificate, if any, attached : Yes ☐ No ☐

I certify that on the basis of above information (tick ✓ the relevant box):

- a) The candidate is **Eligible** ☐
- b) The candidate is **Provisionally Eligible**, subject to submission of following documents ☐
- c) The candidate is Not Eligible due to the following reasons. (**Not Eligible**) ☐

Signature of the Scrutiny Committee