Department of General Medicine

Government Medical College Hospital, Sector 32, Chandigarh

ICMR Multicentre Research Project

Paste recent passport-size photograph

APPLICATION FORM

Advertisement No.: _____ **Dated:** _____

Post applied for	
Candidate name	
Father's/Guardian's name	
Date of birth	
Age	
Gender	
Category	
Complete correspondence address	
Mobile number	
Email ID	

Education (only essential and desirable qualifications):

Degree	School/College	University	CGPA/Marks (%)	Attempt

Work experience (post-qualification):

Post	From (date)	To (date)	Place of work	Work profile

I declare that the information provided above is true and complete to the best of my knowledge and belief.

Signature: _____ Dated: _____ Place: _____

Attach self-attested copies of age proof, qualifications, experience, and NOC (if applicable).