

**CHANDIGARH ADMINISTRATION
DEPARTMENT OF MEDICAL EDUCATION & RESEARCH,
GOVT. MEDICAL COLLEGE HOSPITAL, SECTOR 32-B, CHANDIGARH.**

APPLICATION FORMAT

<p>1. Name of the post applied for : _____</p> <p>2. Full Name (BLOCK LETTERS) : _____ <div style="text-align: center; margin-left: 100px;"> (Surname) (First Name) (Second Name) </div> </p> <p>3. Father's/Husband's name : _____</p> <p>4. Date of birth (Date/ Month/ Year) with documentary evidence : _____</p> <p>5. Age (as on the 01.01.2014) : _____</p> <p>6. Whether working under Central State Governments/ Union Territories/Statutory Bodies/Autonomous Organisations / Research Institutions : _____</p> <p>7. Whether permanent/Temporary (with documentary evidence) : _____</p> <p>8. (a) Permanent Home Address with Telephone/Mobile No. : _____ _____ _____</p> <p>(b) Correspondence/Mailing Address with Telephone/Mobile No. _____ _____ _____</p>	<div style="border: 1px solid black; padding: 10px; width: 100%;"> Affix attested Photograph </div>
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9. (Whether belongs to Gen./ SC / OBC: (with documentary evidence)

Gen

SC

OB

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

Name of the Examination	Month & Year of Passing the examination	No. of times attempted	Class or Division	Name of the University/ Institution

11. Whether postgraduate degree is recognised by Medical Council of India : Yes / No

12. Professional / Research Experience after obtaining Postgraduate Qualification in chronological order : (Attach attested copies of experience certificate)

Name of the employer	Date of joining	Date of relieving	Total period			Name of the post held (also state whether temporary or substantive)	Pay scale and present rate of pay and allowances.
			Year	Month	Day		

13. Additional qualification such as Membership of Scientific Societies etc.:

14. Details of prizes, medals, scholarships and national/international awards etc.:

15. If selected, what notice would you Required before joining : _____

16. Give below the names/ particulars of two referees from your speciality who are in a position to testify from personal knowledge to our fitness for the post:-

NAME	STATUS	ADDRESS

17. I hereby attach attested copies of certificates / degrees in support of age category, qualification and experience etc. i.e. Date of Birth Certificate, Graduation certificate, PG Certificate, Experience Certificate, Caste Certificate & employer certificate etc.

19. Details of Application Fee paid : Name of the Bank _____ Demand Draft No. _____ Dated _____ Rs. _____

Place : _____ (Signature of candidate)
Dated :

DECLARATION BY THE CANDIDATE

Post applied for _____ Government 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 : _____ (Signature of candidate)
Dated :