

**CHANDIGARH ADMINISTRATION
DEPARTMENT OF MEDICAL EDUCATION & RESEARCH,
GOVERNMENT MEDICAL COLLEGE, CHANDIGARH
APPLICATION FORMAT**

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1. Name of the post applied for : _____
 2. Full Name (BLOCK LETTERS) : _____
 (Surname) (First name) (Second name)
 3. Father's/Husband's name : _____
 4. Date of birth (Date/ Month/ Year) with documentary evidence: _____
 5. Age (as on the 01.01.2009) : _____
 6. Whether working under Central / State Governments / Union : _____
 Territories /Statutory Bodies / Autonomous Organisations
 / Research Institutions
 7. Whether permanent/ temporary (*with documentary evidence*) : Permanent / Temporary
 8. (a) Permanent Home Address with Telephone/Mobile No. : _____

 (b) Correspondence/Mailing Address with Telephone/Mobile No. _____

9. Whether belongs to Gen. / SC / ST / OBC :

Gen.	SC	ST	OBC
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 (with documentary evidence)

10. UNDERGRADUATE/ POSTGRADUATE CARRER
 (*attached attested copies of certificates/degrees in support of your 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: -
 (*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. 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 : _____

CERTIFICATE TO BE GIVEN BY THE CADRE CONTROLLING AUTHORITY/ EMPLOYER WHILE FOWARDING THE APPLICATION

1. Certified that Dr./Shri/Smt./Kumari _____ holds a post of _____ in this department/office/ institution/ organisation and the particular furnished by the officer are correct as per the record held in this officer. 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. _____
 Dated _____

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