

ESTABLISHMENT BRANCH-II

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here

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 (with documentary evidence) : Gen. SC OBC PH

10. UNDERGRADUATE/ POSTGRADUATE CAREER
(attach 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 | Overall % age Of marks in all Professionals | Name of the University/ Institution |
|---|---|------------------------|-------------------|---|-------------------------------------|
| M.B.B.S. | | | | | |
| M.D./M.S./D.M./ M.Ch/ D.N.B | | | | | |
| Postgraduate qualification in the science faculty (M.Sc Medical) in concerned speciality. | | | | | |

11. Whether postgraduate degree is recognised by Medical Council of India : Yes / No
12. Whether registered with State Medical Register or Indian Medical Register (*with documentary evidence*)
(a) Registration No. with the Medical Council : _____
(b) State in which registered : _____

13. Teaching/Professional/ Research Experience after obtaining Postgraduate Qualification in chronological order: -
(attach 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 | | |
| | | | | | | | |

14. Additional qualification such as Membership of Scientific Societies etc. : _____
15. Details of Prizes, Medals, Scholarships and National/International awards etc. : _____
16. If selected, what notice would you Required before joining : _____
17. 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 |
|------|--------|---------|
| | | |

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

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

Place : _____
Dated : _____ (Signature of candidate)

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 : _____
Dated : _____ (Signature of candidate)

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 in this office. 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.Name,

No. _____
Dated _____

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