

Sr. No. _____

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH

Application form for Pre-Hospital Trauma Technician Course

Category General SC

Passport Size
Photo

1. Applicant's Name																		
2. Father's Name																		
3. Mother's Name																		
4. D.O. Birth Day			Month				Year				Sex	M		F				
5. Nationality										Married		Yes/No						

6. Permanent Address : _____

7. Correspondence Address : _____

8. Demand Draft Amount, Number & Date : _____

9. Details of Qualifying Examinations passed :-

Examination	University/Board	Subjects offered	Year	Total Marks	%age
Matric					
10+ 2					

I hereby solemnly and sincerely affirm that the statement/information furnished in the application form is true and correct and nothing has been concealed therein.

I hereby declare that I shall submit all the original certificates at the time of interview and in case I fail to do so, my candidature for admission may straightway rejected.

Dated _____

Signature of the Candidate

List of Documents to be attached:

1. Application form duly filled in complete in all respects and signed.
2. Attested copies of certificates of having passed qualifying examination or equivalent examination alongwith detailed marks sheets.
3. Attested Photostat copy of Matriculation or equivalent certificate showing date of birth.
4. Character certificate from the Principal of College/School last attended.
5. Two passport size photographs duly attested by a gazetted officer on the front.
6. In case of reserved seats attested copy of the certificate of caste issued by the Competent Authority.

Note: - Incomplete application form will not be entertained.