

CHANDIGARH ADMINISTRATION
DEPARTMENT OF MEDICAL EDUCATION & RESEARCH,
GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH

1. Name of the post applied for (with Dept Name.) : _____
{Fill Deptt. / Post name in order of preference if applying
for more than one post with requisite application fee(s)}
2. Full Name (BLOCK LETTERS) : Dr./Mr./Ms _____
(First name) (Second name) (Surname)
3. Father's/Husband's name (encircle as applicable) (BLOCK LETTERS) : S/o, D/o, W/o _____
4. Date of birth (Date/ Month/ Year) attach documentary evidence : _____
5. Age (as on the 01.01.2024) : _____ years _____ month(s) _____ day(s)
6. Whether working under Central / State Governments / Union Territories / Statutory Bodies / Autonomous Organisations / Research Institutions (Please specify the post held) : _____
7. Whether permanent/ temporary (with documentary evidence) : Permanent / Temporary (encircle if applicable)
8. (a) Permanent Home Address with Telephone/Mobile No. : _____
(b) Correspondence/Mailing Address with Telephone/Mobile No. : _____
9. Whether belongs to Gen./ SC / OBC/ OPH/EWS (attach documentary evidence duly attested) :

Gen.	SC	OBC	OPH	EWS
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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	Overall marks obtained in all professionals	Overall maximum marks in all Profs	Overall % age Of marks in all Professionals	Name of the University/ Institution
M.B.B.S.					
(M.D./M.S./ M.D.S./D.M./M.Ch/DNB / MHA) or any other- {Please specify or encircle as applicable}					
M.Sc (Medical) in concerned specialty for non-medical persons from Medical Institute/ Faculty {Please specify the specialty-()}					

11. Whether postgraduate degree is recognised by Medical Council of India : Yes / No
12. Whether registered with State Medical Council or MCI (attach documentary evidence)
(a) Registration No. with the Medical Council of India/ State Medical Council : _____
(b) MCI or State Medical Council of India 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 | Yrs. | Mths | Days | Name of the post held (also state whether temporarily or substantively). | Pay Scale and present rate of pay and allowances |
|----------------------|-----------------|-------------------|------|------|------|--|--|
| | | | | | | | |
| | | | | | | | |
14. If selected, what notice would you Required before joining : _____
15. 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 MBBS/PG, Experience Certificate, Caste Certificate & Employer Certificate etc.
16. Details of Application Fee paid : Name of the Bank _____ Demand Draft No.(s) _____ Dated _____ for ₹. _____

Place :
Dated :

(Signature of candidate)

DECLARATION BY THE CANDIDATE

Post/ Deptt. applied for (as per S.No. 1 above) _____ in Govt. 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.

No. _____
Dated _____

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