

Advt. No.

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH CHANDIGARH-160 012 (INDIA)

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Post	applied f	or:									
1.	(a) Full	Name (BLOCK L	,								
			 ne)		(Second Name)						
	(b) Sex	c: Male/Female	(c) Ma	rital Status: Marrie	ed/Unmarried						
2.	Father'	's/Husband's Nan	ne:								
3.	(a) Mai	(a) Mailing Address:									
4.		Fax.No. manent Address_ Tel. No.		Mobile No							
			(Date)	(Month)	(Year)						
	(b) Age	: :	()	()	(
			(Yrs.)	(Months)	(Days)						
	(c) Sex	: (Male/Female)								
5.	Wheth	er belongs to:	Gen. S.C.	S.T. O.B.C.	P.H.						
		out which is no he Govt. of India)		Attach attested c	opy of certificate on the proforma						
6.	State o	of Domicile:									
7.	Nationa	ality:		Religion :							
8.	(a)	Registration No	. with the Medic	al Council:							
	(b)	State in which re	egistered:								

9. Educational Qualifications:(Please attach attested copies of certificates/degrees in support of your qualifications)

a) **Undergraduate Career**

Examination	Year of	No. of attempts	Class/Division	University/
Passed		No. or attempts	Ciass/Division	Institution
Passed	Passing			institution
Matric/S.S.C.				
Intermediate/				
HSC				
B.Sc.				
M.B.B.S./B.D.S.				
W.D.D.O., D.D.O.				
1 st Profl.				
I FIUII.				
and Day (
2 nd Profl.				
- rd				
3 rd Profl.				
Final Profl.				

b) Postgraduate Career

Examination	Year of	No. of attempts	Class/Division	University/
Passed	Passing	·		Institution
M.D./M.S./M.D.S.				
D 14 /14 O				
D.M./M.Ch.				
D.N.B.				
D.IN.D.				
M.Sc.				
Ph.D.				

10. Teaching/ Research Experience:(Please attach attested copies of experience certificates)

a) Before obtaining Postgraduate Qualification:

Post held	Pei	riod	To	otal Perio	od	Pay Scale	Employer's
(Indicate Temporary/ Permanent)	From	То	Yrs.	mths.	days		Address
1 omanony							

(b) After obtaining Postgraduate Qualification:

Post held	Period		Total Period			Pay Scale	Employer's
(Indicate	From	То	Yrs.	mths.	days		Address
temporary/							
permanent)							

11.	Details of Prizes,
	Medals, Scholarships &
	National/International
	Awards etc

12. Additional qualification such as membership of scientific society etc.

13.	Resea	rch experience,		NUM	BER OF PAPER	R OF PAPERS		
	if any,	together with	Published	1	Accepted for publication	Presented at conference		
		in indexed journals.	Indexed	Non Indexed	,			
		NATIONAL						
		INTER-NATIONAL						
14.	Chapte	er in books/books edited		:				
15.	(a)	Present employment/ po	ny :					
	(b)	Pay Scale		:				
	(c)	Total emoluments draw	n	:				
	(d)	Address of present emp	loyer	:				
		<u>:</u>						
16.	If selected, what notice would you require before joining :							
17.	•	ou been outside India for Asse? If so, give following in	:					

Country	Dates of visit		Duration of visit			Purpose of visit
visited	From	То	Yrs.	Mths.	days	

- 18. Self-evaluation of your work, particularly its strengths in different fields of activity including patient-care, teaching research and administrative, related to the job, which, in your view, entitles you to the post applied for may be given in **Annexure-I.**
- 19. I attach attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-II.**

Place:	Signature of the candidate
DI	CLARATION BY THE CANDIDATE
Post applied for	at PGIMER INTERNAL MEDICIN
knowledge and belief. I have n that my candidature is liable to	e above information is true, complete and correct to the best of my t suppressed any material, fact or factual information. I understand be rejected in the event of any mis- statement/discrepancy in the
	fter my appointment in such an event, my services are liable to be me or reasons thereof. I am not aware of any circumstance which syment under the Government.
Date: Place:	Signature of the candidate
	TO BE SIGNED BY OBC CANDIDATES ONLY son/daughter/wife of
	District
declare that I belong to the as a backward class by the Go contained in Department of Pedated 8.9.1993. It is also dementioned in Column 3 of OM I	community which is recognized of the purpose of reservation in services as per orders onnel and Training Office Memorandum No.36012/22/93-Estt(SCT) ared that I do not belong to the persons/sections (creamy layer) of the community which is recognized on the persons of the pers
Place: Date:	(Signature of applicant) (in running handwriting)

*Note: The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.