

POST GRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,
CHANDIGARH

APPLICATION FORM FOR THE POST OF HOUSE PHYSICIANS/ HOUSE SURGEONS

NB: The candidate should submit this form in triplicate at Kairon Block, Training Branch Room No. 307 on or before 27.08.2013 up to 12.00 Noon.

1. Name (in Block Letter) _____
2. Father's/Husband's Name _____
3. Father's Occupation _____
4. (i) Date of Birth
As entered in the Matriculation _____Date _____Month _____Year
5. Nationality _____
6. Marital Status _____
7. Correspondence Address
(with Contact no.) _____
8. Permanent Address
(with Contact no.) _____
9. Category (Gen/SC/OBC) _____
10. Date of completion of Internship _____
11. Educational Qualifications _____

Latest passport
size coloured
Photograph

For office use

No.:

Dt.:.....

Remarks

Examination Passed MBBS/ BDS	Name of the University/ Board	Roll No.	Month/Year of Passing	Attempts at which passed
First year professional				
Second year professional				
Third year professional				
Final year professional				
Any Other qualification				

AGGREGATE PERCENTAGE OF MARKS OBTAINED IN MBBS/BDS EXAMINATION.....

12. Experience, if any

S.No	Name of the Employers	Designation	Duration	Total Period

13. Permanent Registration Number with the Medical/ Dental Council of India _____
State in which Registered _____

DECLARATION BY THE CANDIDATE

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. If any information is found to be false, I shall be responsible for the consequences.

Place: _____
Date: _____

(Signature of Candidate)