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



RECRUITMENT CELL

Tel. (0172) 2755578-79, Fax: (0172) 2744401, Website: www.pgimer.edu.in

Note: 1. To avoid any misrepresentation or interpretation of facts, the application must be sent supported with attested copies of testimonials. passp photoduly:	recent ort size ograph attested azetted					
	ficer					
Roll No						
Challan No Amount (in Rs.) Dated:						
(Attach copy of challan)						
1. Application for the post of at PGIMER, Char	digarh					
2. Applicant@ Name (IN BLOCK LETTERS)						
3. Fatherøs/Husbandøs Name (IN BLOCK LETTERS)						
(a) Occupation and monthly income:						
(a) Occupation and monthly income.						
4. i) Date of Birth of applicant:						
(Attach proof) DAY MONTH YEAR						
ii) Age: (as on 7 th April 2014)						
YEARS MONTHS DAYS						
5. Write in the box ONLY ONE category out of GEN/SC/ST/OBC to which you belong (attach proof of SC/ST/OBC):						
6. Nationality: 7. Religion:						
,						
8. Sex: 9. Marital Status:	_					
10. Detail of Parents/Spouse:	M 4h l					
Post/ Designation & Employer's Name) I	Gross Monthly ncome					
Father Mother						
Spouse						
11 Educational/Academic/Technical/Drafessional Qualifications (attach proof)						

Examination passed	College/Institution & Board / University	Year of passing	%age of Marks	Subjects
Matriculation				
_				

12.	Detail	of Ex	oerience,	if	anv
14.	Detail	UI L'A	JUI IUIIUU,	11	any.

Post/ Designation held	signation	Organization/ Employer's Name & Address		Date/	Date/ Period		Total Period worked		Duties/Job responsibiliti es held
				From	То	Yrs.	Mths	Days	
3. La	st Pay Drawn: Pay	scale	Basic:		Grade	Pay		Tota	l:
	e you willing to accept in the prescrib		num initial pay o					act initial	pay you would
5. No	otice period require	ed for joining (I	f selected):						
16 P e	ermanent Address	x•		17 (Correspo	ndence	Addr	266.	
10.10	Timanent Address	·		17.	Jorrespe	muche	Audi	.33•	
Pin co	ode			Pin c					
Ph.No		Mobile N	No.:	Ph.N				Mobile	No.:
E.Mai	il I.D. :			E:M	ail I.D.:				
	y other information tails of enclosures	•		attested):					
	1.			4.					
	2.			5.					
-	3.			6.					
		DECLA	RATION to be	signed by	the cand	<u>idate</u>			
edi cei	nereby declare that ucational qualificates in suppo- axation.	ations, etc., pr	escribed for the	e post appl	ied. I l	nave er	closed	attested p	hotocopies of

IMPORTANT NOTE:-

Place: _

1. The candidates belonging to reserved category must enclose photocopy of certificate duly attested by gazetted officer. The certificate must have been issued by the competent authority.

The OBC candidates must enclose attested photocopy of LATEST OBC certificate duly issued by competent authority.

(Signature of candidate)

2. Those candidates who are employed in Govt. Organization must produce NOC from respective employer.