ANNEXURE-I



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

	ertisement No.				PASTE HERE SELF ATTESTED LATEST PHOTOGRAPH
	applied				
1.	(a) Full Name (BLOCK	LETTER	S):		
					(Second Name)
	(b) Sex: Male/Female		(c) Marital	Status: Mar	ried/Unmarried
2.	Father's/Husband's Na	ame:			
3.	(a) Mailing Address: _				
	Tel N				PIN:
					No
					····
	(b) i dimanoni i daroc	U			
4.	(a) Date of Birth:	()	
		(D/M/Y))		
	(b) Age(as on date of application closing)	(
		(D/M/Y))		
	(c) Sex:				
5.	Whether belongs to:	Gen.	O.B.C.		
	ase strike out which is not cribed by the Govt. of India		e) (Attach	attested cop	by of certificate on the proforma
6.	State of Domicile:				
7.	Nationality:			Religion	<u></u>
8.	(a) Registration No. with (b) State in which				ER APPLICABLE)

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

a) **Undergraduate Career**

Examination	Year of	Class/Division	University/	1
Passed	Passing	Old33/DIVISION	Institution	
1 40004	1 dooning		mondion	
Matric/S.S.C.				
Intermediate/				
HSC/ Diploma				
B.Sc.				
D.SC.				
M.B.B.S.				
ct				
1 st Profl.				
2 nd Profl.				
Z Proll.				
3 rd Profl.				
Final Profl.				

b) Postgraduate Career

Examination	Year of	Class/Division	University/	
Passed	Passing		Institution	
M.D.				
D.N.B.				
M.Sc.				
Ph.D.				

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

Post held	Per	iod	T	otal Peri	od	Pay Scale	Employer's
(Indicate	From	То	Yrs.	mths.	days		Address
Temporary/							
Permanent)							

13.	(a)	Present employment/ post held if any:					
	(b)	Pay Scale					
	(c)	Total emoluments drawn	:_				
	(d)	Address of present employer					
14.		ected, what notice would you require e joining					
15. List of publication (where ever applicable)							
					Publication	Citation	I.F
			National		<u> </u>	Citation	1.1
			Internationa	ıl			
I attach attested copies of certificates/ degrees in support of age, category, qualification and							
experience etc. as per list enclosed Annexure-II.							
Date:							

Signature of the candidate

Place:

DECLARATION BY THE CANDIDATE

Post applied for	at PGIMER, Chandigarh.
knowledge and belief. I have not suppresse that my candidature is liable to be rejected particulars being detected and after my app	ormation is true, complete and correct to the best of my ed any material, fact or factual information. I understand in the event of any mis- statement/discrepancy in the pointment in such an event, my services are liable to be sons thereof. I am not aware of any circumstance which er the Government.
Date:	
Place:	Signature of the candidate
Ison/o _ resident of Village/Town/City/District	of
	(certificate enclosed) hereby
as a backward class by the Govt. of India contained in Department of Personnel and dated 8.9.1993. It is also declared that I mentioned in Column 3 of OM No. 36012	community which is recognized for the purpose of reservation in services as per orders Training Office Memorandum No.36012/22/93-Estt(SCT) do not belong to the persons/sections (creamy layer) 2/22/93-Estt(SCT) dated 08.09.1993 and modified vide I and Training OM No.36033/3/2004-Estt(Res) dated
Place:	(Signature of applicant)
Date:	

*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.

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 9 and 10 of the application)

S.No.	Particulars of enclosures	Marked page(s)	
1.	Date of birth certificate		
2.	Matriculation certificate		
3.	Graduation certificate		
4.	M.D./M.Sc certificate		
5.	Ph.D. certificate		
6.	Experience certificate(s)		
7.	Community certificate (In case of OBC)		
8.	Any other relevant certificate(s)		