| | POS | TGRADUATE | INSTITUTE | | | JCATIO | ON AND RESEARCH | 4 |
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| | | | | | 60 012 (IN | IDIA) | | |
| NOTE: I. TO A INTE APP (IN T | Avt. No. PGI/RC/2025/141/417 dated 05.03.2025PASOTE:PASTO AVOID ANY MIS-REPRESENTATION ORATTEINTERPRETATION OF FACTS, THEPHOTAPPLICATION MUST BE SENT(IN TRIPLICATE), SUPPORTED WITHATTESTED COPIES OF TESTIMONIALS.ATTESTED COPIES OF TESTIMONIALS. | | | | | | | |
| Post ap | pplied fo | or: | | | | | | |
| 1. | (a) Full I | Name (BLOCł | LETTERS |): | | | | |
| | | | | | | | (Second Name) | |
| | (b) Sex: | Male/Female/ | Other | (c) | Marital St | atus: M | arried/Unmarried | |
| 2. | Father's | s/Husband's N | ame: | | | | | |
| 3. | (a) Mail | ing Address: _ | | | | | | _ |
| | (b) Perr | Emai | ID | | Mobile | No | | |
| | | Tol N | | | D | | | _ |
| | | | | | | | | |
| 4. | (a) Date | e of Birth: | | |) | | | |
| | () | | (Date) | | onth) | | | |
| | (b) Age : | as on | () (Yrs.) | |) onths) | |) ays) | |
| 5. | Whethe | r belongs to: | UR/SC/ | 'ST/OBC/E | EWS/PwBD | D: |] | |
| (Please of India | | the Box) (Atta | ich attested | copy of c | ertificate o | n the p | roforma prescribed I | by the Govt. |
| 6. | State of | Domicile: | | | | | | |
| 7. | Nationa | lity: | | | _Religion :_ | | | |
| 8. | (a) (b) | - | | | | | | |
| | (b) | State In Which | registered | • | | | | |

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 | Passing | | | Institution | | | |
| | | | | | | | |
| Matric/S.S.C. | | | | | | | |
| Intermediate/ HSC | | | | | | | |
| | | | | | | | |
| B.Sc. | | | | | | | |
| | | | | | | | |
| M.Sc. | | | | | | | |
| Details of certificate from regulatory body (AERB, BARC and Mumbai) to work as RSO in Nuclear Medicine. | | | | | | | |
| | | | | | | | |
| Other additional Qualification | | | | | | | |
| | | | | | | | |

10. Experience:

(Please attach attested copies of experience certificates)

a) Before obtaining Postgraduate Qualification:

| Post held | Period | | Total Period | | | Pay Scale | Employer's |
|------------|--------|----|--------------|-------|------|-----------|------------|
| (Indicate | From | То | Yrs. | mths. | days | | Address |
| Temporary/ | | | | | | | |
| Permanent) | | | | | | | |
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(b) After obtaining Postgraduate Qualification:

| Post held | Per | iod | Total Period | | | Pay Scale | Employer's |
|------------|------|-----|--------------|-------|------|-----------|------------|
| (Indicate | From | То | Yrs. | mths. | days | | Address |
| temporary/ | | | | | | | |
| permanent) | | | | | | | |
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| 11. | Medals | of Prizes, , Scholarships & al/ International , etc. | | | | | | | |
|-----|---|--|---|--|--|--|--|--|--|
| 12. | | litional qualification such nembership of scientific society etc. | | | | | | | |
| 13. | (a) | Present employment/ post held if any | : | | | | | | |
| | (b) | Pay Scale | : | | | | | | |
| | (c) | Total emoluments drawn | : | | | | | | |
| | (d) | Address of present employer | : | | | | | | |
| 14. | If selec before j | ted, what notice would you require joining | : | | | | | | |
| 15. | Self-evaluation of your work, particularly its strengths in different fields of activity related to the job, which, in your view, entitles you to the post applied for may be given in Annexure-I. | | | | | | | | |

16. I attach attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-II.**

Date: Place:

Signature of the candidate

DECLARATION BY THE CANDIDATE

Post applied for ______ at PGIMER, 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 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 reasons thereof. I am not aware of any circumstance which might impair my fitness for employment under the Government.

Date:

Place:

Signature of the candidate

ANNEXURE-I

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

Post applied for _____

SELF EVALUATION

(Require under Column 15 of the application)

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 16 of the application)

| S.No. | Particulars of enclosures | Marked page(s) | |
|-------|--|----------------|--|
| 1. | Birth certificate | | |
| 2. | Matriculation certificate | | |
| 3. | 12 th . | | |
| 4. | B.Sc.certificate | | |
| 5. | M.Sc. certificate | | |
| 6. | Certificate from regulatory body to work a | s RSO | |
| 7. | Experience certificate(s) | | |
| 8. | Community certificate (if belongs) | | |
| 9. | Any other relevant certificate(s) | | |