# ANNEXURE-I



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

Adve	ertisement No.			PASTE HERE SELF ATTESTED LATEST
	applied			PHOTOGRAPH
1.	(a) Full Name (BLOCK	LETTER	RS):	
		 ame)	(First Name)	
	(b) Sex: Male/Female		(c) Marital Status: Marrie	d/Unmarried
2.	Father's/Husband's Na	ame:		
3.	(a) Mailing Address: _			
	Tel. N	 o.	PIN	
4.	(a) Date of Birth:	(  (D/M/\	) ')	
	(b) Age(as on date of application closing)	( (D/M/\	<b>^</b> )	
	(c) Sex:	(=//	,	
5.	Whether belongs to:	Gen.	O.B.C.	
	ase strike out which is not cribed by the Govt. of India		le) (Attach attested copy	of certificate on the proforma
6.	State of Domicile:			
7.				
8.	(a) Registration No. witl (b) State in which			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/
		Class/Division	University/
Passed	Passing		Institution
Matric/S.S.C.			
Intermediate/			
HSC/ Diploma			
B.Sc.			
M.B.B.S.			
1 <sup>st</sup> Profl.			
1 11011.			
2 <sup>nd</sup> Profl.			
Z FIOII.			
3 <sup>rd</sup> Profl.			
3 Proff.			
Final Profl.			

### b) Postgraduate Career

Examination	Year of	Class/Division	University/	
Passed	Passing		Institution	
1				
M.D.				
D.N.B.				
M.Sc.				
D				
Ph.D.				

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

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

13.	(a)	Present employment/ post held if any:					
	(b)	Pay Scale					
	(c)	Total emoluments drawn					<del></del>
	(d)	Address of present employe	er :				<del></del>
14.		ected, what notice would you require e joining					
15. List of publication (where ever applicable)							
					Publication	Citation	I.F
			National		1 00110001011		
			Internationa	al			
I attach attested copies of certificates/ degrees in support of age, category, qualification and							
experience etc. as per list enclosed Annexure-II.							
5.4							
Date:	Date:						

Signature of the candidate

Place:

# **DECLARATION BY THE CANDIDATE**

Post applied for		at PGIMER, Chandigarh.
knowledge and belief. I have that my candidature is liable particulars being detected and	not suppressed any materia to be rejected in the event d after my appointment in s to me or reasons thereof.	ile, complete and correct to the best of my al, fact or factual information. I understand of any mis- statement/discrepancy in the uch an event, my services are liable to be I am not aware of any circumstance which ment.
Date: Place:		Signature of the candidate
	ON TO BE SIGNED BY (	OBC CANDIDATES ONLY of
State (declare that I belong to the as a backward class by the Contained in Department of Podated 8.9.1993. It is also dementioned in Column 3 of Company of Column 3	Govt. of India for the purposersonnel and Training Office eclared that I do not belon DM No. 36012/22/93-Estt(S	(certificate enclosed) hereby community which is recognized se of reservation in services as per orders e Memorandum No.36012/22/93-Estt(SCT) ag to the persons/sections (creamy layer) eCT) dated 08.09.1993 and modified vide ag OM No.36033/3/2004-Estt(Res) dated
Place: Date:		(Signature of applicant)

\*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)		