

**ORAL HEALTH SCIENCES CENTRE  
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,  
CHANDIGARH**

**Application form for the post of** \_\_\_\_\_

1. **Name of the Applicant** \_\_\_\_\_

2. **Father's Name** \_\_\_\_\_

3. **Date of Birth** \_\_\_\_\_

4. **Gender: M/F** \_\_\_\_\_

Affix Photograph

5. **Educational Qualifications:**

S. No.	Academic/ Professional Qualification and Subject	Name of Institution	Board/University	Year of passing out	Division/ Grade/% of marks.

6. **Experience:**

S. No.	Designation	Name of Institution/Employer	From	To

7. **Research/projects undertaken:**

8. **Training/Short course attended:**

9. **Award and Achievements (if any):**

**10. Statement of Purpose: (100 words maximum)**

**11. Contact Details:**

- a) Mailing Address \_\_\_\_\_
- b) Permanent Address \_\_\_\_\_
- c) Telephone Number (Res) \_\_\_\_\_ (Mob) \_\_\_\_\_
- d) Email-ID \_\_\_\_\_

**12. Documents to be enclosed: Self attested (Please Tick)**

- a) Degree/Diploma/Certificate ( )
- b) Experience Certificates ( )
- c) Age Proof ( )
- d) List of Publications ( ) **(Attach list in Vancouver style of referencing)**
- e) Any Other ( ) .....

**13. Undertaking:**

I hereby certify that all the information given above is true to the best of my knowledge.  
If any of the above information is found to be incorrect at any stage, I shall be liable to be disqualified/terminated from the service.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Applicant