CHACHA NEHRU BAL CHIKITSALAYA (An Autonomous Institute under Govt. of NCT of Delhi) Affiliated to GGSIP University Geeta Colony, Delhi - 110031 **APPLICATION FORM** Department & Post Applied for : _____ 1. Name (in Block Letter) : _____ Paste recent self 2. Father's/ Husband's Name : _____ **Attested Passport** size photograph of 3. candidate D.O.B.: Gender (Please Tick): Male_____ Female____Others_____ 4. Years _____ Months _____ Days_____ (As on the date of interview) 5. Age in 6. Nationality : 7. Aadhar No.: Passport/Voter ID No. (Please specify) : _____ 8. 9. Whether SC/ST/OBC(Delhi)/DIVYANG : 10. Address (Permanent) : _____ 11. Address for Correspondence : _____ 12. Mobile No. : _____ 13. Email address : _____ 14. Current Registration No. with DMC/ Applied case I.D. No. with date :_____

15. Educational Qualification :

Name of Examination	% & Division of Marks	Board/ University	Month & Year of Passing	No. of Attempts
MBBS				
MD/ DNB/ DIPLOMA (Subject)				
Any Other Qualification				

Residency	Name & Address of the Institute/ Hospital	Period of Residency		
		Adhoc Basis From/ To	Regular Basis From/ To	
Junior Resident				

18. Whether any Leave encashment have been taken during the residency period as above: (Yes/ No)

If yes, No. of days _____& period of Leave encashment _____

19. Any other information you wish to submit :_____

DECLARATION

1. I hereby solemnly declare and affirm that statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information/ facts being found untrue/ false/ incorrect my candidature is liable to be cancelled/ terminated besides taking any other action deemed fit in this regard. I shall have no claim for absorption after termination/ completion of contract period of tenure. I shall abide by the terms and conditions as prescribed.

2. **For Govt. Employees :** I have also informed my Head of Office/ Department in writing that I am applying for this post and shall produce "No Objection" Certificate at the time of the Interview.

Date:

Place:

(NAME AND SIGNATURE OF THE APPLICANT)