

CHACHA NEHRU BAL CHIKITSALAYA (An Autonomous Institute under Govt. of NCT of Delhi Affiliated to Delhi University Geeta Colony, Delhi - 110031



APPLICATION FORM

	Department & Post Applied for :					
1.	Name (in Block Letter) :					
2.	Father's/ Husband's Name :	Paste recent self Attested Passport size photograph of				
3.	D.O.B.:	candidate				
4.	Gender (Please Tick): Male FemaleOthers					
5.	Age in Years Months Days (As on the date of interview)					
6.	Nationality :					
6.	Aadhar No.:					
7.	Passport/Voter ID No. (Please specify) :					
8.	Whether SC/ST/OBC(Delhi)/DIVYANG :					
9.	Address (Permanent) :					
10.	Address for Correspondence :					
11.	Mobile No. :					
12.	Email address :					
13.	Current Registration No. with DMC/ Applied case I.D. No. with date :					
14.	Educational Qualification :					
	Name of Examination% & DivisionBoard/ UniversityMonth & Yeaof Marksof Passing					

	of Marks	of Passing	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 _____

18. 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.

1. <u>For Govt. Employees</u>: 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)