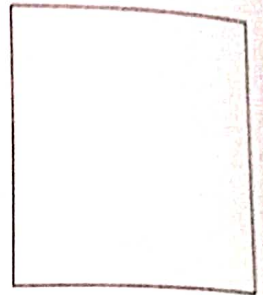


**ORAL HEALTH SCIENCES CENTRE
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,
CHANDIGARH**

APPLICATION FORM



1. Name of the Applicant _____

2. Father's Name _____

3. Date of Birth _____

4. Gender : M/F _____

5. Educational Qualifications :

S.No.	Academic/ Professional Qualification	Name of Institution	Board/University	Course Duration/Yr. 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. H Index:

11. Publications:

12. Statement of Purpose: (100 words maximum)

13. Contact Details :

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

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

- a) Degree/Diploma/Certificate ()
- b) Experience Certificates ()
- c) Age Proof ()
- d) Copy of Publications ()
- e) Any Other ()

15. 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