

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH, CHANDIGARH

APPLICATION FORM FOR THE POST OF NON-ACADEMIC JUNIOR RESIDENT
IN THE DEPARTMENT OF _____ ON AD-HOC BASIS.

1. Name : _____

2. Father's Name : _____

3. Father's Occupation : _____

4. Date of Birth : _____

5. Nationality _____ Marital Status _____

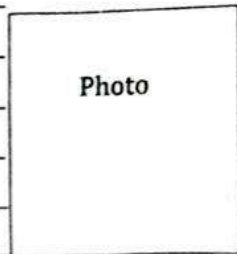
6. Name & Occupation of Spouse (if married) _____

7. Present Address : _____

8. Permanent Address : _____

09. Whether belong to SC/ST/OBC/PwBD _____

10. Qualification : _____



Examination passed	Name of the Institute or University	Month & Year when passed	Attempts at which passed	Roll No.
1 st Professional MBBS				
2 nd Professional MBBS				
3 rd Professional MBBS				
Final Professional MBBS				

INTERNSHIP COMPLETION DATE _____

PERCENTAGE OF MARKS OBTAINED IN FINAL MBBS EXAMINATION _____

11. Permanent Registration with the Medical Council of India: _____

State in which Registered: _____

12. Experience, if any: _____

Sr. No.	Post held	Name of the Hospital/Institute	Period		Total Period
			From	To	
Total Working Experience (Years/Months/Days)					

13. Contact No.: _____

e-mail ID (written clearly in bold letters): _____

I hereby declared that the information given above is true to the best of my knowledge and belief. If any information is found to be false, I shall be responsible for the consequences.

Dated: _____

(Signature)

NB: Candidate may supply details of their academic achievements like position obtaining in the various professional MBBS examinations. Medals received if any, Academic Merit, Scholarship etc. They may also intimate the detail of the extra-curricular activities. The details may be given on a separate sheet.

* Please attach certificate in support of the above.