

PROJECT : SIMVASTATIN

Post :- Projects Technician

**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 :

Affix Photograph

S.No.	Academic Qualification	Name of Institution	Board / University	Course Duration / Yr. of passing out	Division / Grade / % of marks.	Attempt

6. Experience :

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

7. Research experience/ projects undertaken:

8. Training /experience related to dentistry:

9. Award and Achievements (if any):

10. Why do you want to work in this project?

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) Copy of Publications ()
- e) Any Other supporting document ()

13. Preferred mode of attending interview: Online/ In person/ Anyone

14. 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