# POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH, CHANDIGARH - 160 012 (INDIA)



#### RECRUITMENT CELL

Tel. (0172) 2755578-79, Fax: (0172) 2744401, Website: www.pgimer.edu.in

Advt. No.PGI/RC/041/2016 Dated: 11.06.2016 Affix recent passport size photograph duly attested by To avoid any misrepresentation or interpretation of facts, the application must be sent supported with attested copies of testimonials. Gazetted Officer 2. In-complete application is liable to be rejected. 1. Application for the post of at PGIMER, Chandigarh Applicant's Name (IN BLOCK LETTERS) Father's/Husband's Name (IN BLOCK LETTERS) (a) Occupation and monthly income: 4. i) Date of Birth of applicant: (Attach proof) DAY MONTH YEAR ii) Age: (as on 1st July, 2016) **MONTHS** DAYS YEARS 5. Whether belongs to physically handicapped? Yes No (a) If yes, write clearly the type of suitability: OL/OA/B/BL/LV/HH (Please attach a valid disability certificate issued by the Competent Authority) 6. Write in the box category to which you belong to: (UR/SC/ST/OBC): 7. Nationality: \_\_\_\_\_ \_\_\_\_ 8. Religion:\_\_ Sex: \_\_ \_ 10. Marital Status: 11. Whether you required the services of Scriber/Reader?

### 12. Detail of Parents/Spouse: (Candidates be mentioned clearly)

	Name	Age	Occupation (if in service, please mention Post/ Designation & Employer's Name)	Gross Monthly Income
Father				
Mother				
Spouse				

Yes

No

## 13. Educational/Academic/Technical/Professional Qualifications (attach proof):

Examination passed	College/Institution & Board / University	Year of passing	%age of Marks	Subjects
Matriculation				

14. Detail of Experience, if any:								
Post/ Designation held	Organization/ Employer's Name & Address	Date/ Period		Total Period worked			Duties/Job responsibilities held	
		From	То	Yrs.	Mths	Days		
15. Last Pay Drawn: Pay	scaleBasic:	1	Grade	Pay		Total	:	
				•				
	cept the minimum initial pay offere		, state w	hat is t	he exact	t initial pay	you would accept	
17. Notice period require	ed for joining (If selected):							
18. Permanent Address	•	19 C	19. Correspondence Address:					
10. I cimanent radices	•	17. 0	оттевро	nucnee	Huure	.554		
Pin code		Pin co	nda					
Ph.No.:	Mobile No.:	Ph.No				Mobile	No.:	
E-Mail I.D.:		E-Ma	E-Mail I.D.:					
20. Any other information	n you wish to furnish:							
21. Details of <b>enclosures</b>	attached (All copies should be atte	ested):						
1.	4.							
2.	2. 5.							
3.	6.							
	DECLARATION to be sig	ned by t	he candi	<u>date</u>				
educational qualific	at I am an Indian National and f ations, etc., prescribed for the rt of my claim for educational qua	post app	olied. l	have	enclos	ed atteste		
knowledge and beli incorrect or ineli- candidature/ <b>appoint</b>	2. I further declare that all statements made in this application are <b>true</b> , <b>complete and correct</b> to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after the written examination/selection, my candidature/appointment is liable to be terminated without assigning any reason or prior notice. I also understand that in case of my final selection, my appointment will be provisional subject to satisfactory							

understand that in case of my final selection, my appointment will be provisional, subject to satisfactory verification from different authorities.

Date:	
Place:	(Signature of candidate)

# IMPORTANT NOTE:-

The candidates belonging to any reserve category must enclose attested photocopy of the certificates with respect to their claim and the same should be duly in the prescribed proforma as per the instructions issued by the Government of India from time to time.

The OBC candidates must enclose attested photocopy of LATEST OBC Certificate duly issued by the competent authority.

2 Candidates employed in Govt. Organization must produce NOC from respective employee.