

ANNEXURE-I



**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH-160 012 (INDIA)**

Advertisement No. _____

**Post applied
for:** _____

PASTE HERE
SELF
ATTESTED
LATEST
PHOTOGRAPH

1. (a) Full Name (BLOCK LETTERS):

(Surname) (First Name) (Second Name)

(b) Sex: Male/Female (c) Marital Status: Married/Unmarried

2. Father's/Husband's Name: _____

3. (a) Mailing Address: _____

Tel. No. _____ PIN: _____

Fax No. _____ Mobile No. _____

Email Address : _____

(b) Permanent Address _____

4. (a) Date of Birth: (_____)

(D/M/Y)

(b) Age(as on date of
application closing) (_____)
(D/M/Y)

(c) Sex:

5. Whether belongs to: Gen. O.B.C.

(Please strike out which is not applicable) (Attach attested copy of certificate on the proforma prescribed by the Govt. of India)

6. State of Domicile: _____

7. Nationality: _____ Religion : _____

8. (a) Registration No. with the Medical Council:(WHEREVER APPLICABLE) _____

(b) State in which registered: _____

13. (a) Present employment/ post held if any: _____
- (b) Pay Scale : _____
- (c) Total emoluments drawn : _____
- (d) Address of present employer : _____
14. If selected, what notice would you require before joining : _____
15. List of publication (where ever applicable)

	Publication	Citation	I.F
National			
International			

I attach attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-II**.

Date:

Place:

Signature of the candidate

DECLARATION BY THE CANDIDATE

Post applied for _____ at PGIMER, Chandigarh.

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis- statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof. I am not aware of any circumstance which might impair my fitness for employment under the Government.

Date:

Place:

Signature of the candidate

***DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY**

I _____ son/daughter/wife of _____

—
resident of Village/Town/City/District _____

State _____ Community _____ **(certificate enclosed)** hereby

declare that I belong to the _____ community which is recognized as a backward class by the Govt. of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93-Estt(SCT) dated 8.9.1993. It is also declared that I do not belong to the persons/sections (creamy layer) mentioned in Column 3 of OM No. 36012/22/93-Estt(SCT) dated 08.09.1993 and modified vide Govt. of India, Department of Personnel and Training OM No.36033/3/2004-Estt(Res) dated 09.03.2004.

Place:

(Signature of applicant)

Date:

***Note:** The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 9 and 10 of the application)

S.No.	Particulars of enclosures	Marked page(s)
1.	Date of birth certificate	
2.	Matriculation certificate	
3.	Graduation certificate	
4.	M.D./M.Sc certificate	
5.	Ph.D. certificate	
6.	Experience certificate(s)	
7.	Community certificate (In case of OBC)	
8.	Any other relevant certificate(s)	