

Genetic Centre
GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH
 (College Building), Sector 32-B, Chandigarh – 160030 Ph. 0172-2501013

APPLICATION FORMAT



1. Name of the post applied for: _____
2. Full Name (BLOCK LETTERS) : _____
3. Father's/Husband's name : _____
4. Date of birth (Date/ Month/ Year) with documentary evidence : _____
5. Age (as on the 01.10.2015) : _____
6. At present Working status : _____
7. Permanent Home Address with Telephone/Mobile No. : _____
8. Correspondence/Mailing Address with Telephone/Mobile No. _____
9. E-mail ID _____
10. Whether belongs to Gen./ SC / OBC :

QUALIFICATION:

Sr. No.	Examination Passed	Year of passing	Marks obtained	Class/Division	% age of Marks	University/Institution

EXPERIENCE

Sr. No.	Post held	Temporary/permanent	Duration	Name of Institution

I hereby attach attested copies of educational qualifications, experience certificate and date of birth certificate, issued by the competent authority,

Place:
Dated:

(Signature of Candidate)

DECLARATION BY THE CANDIDATE

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 have never been debarred from appearing at any examination nor have I ever been arrested, prosecuted or convicted by criminal court or involved in any other case registered by the police. 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 reason thereof. I undertake not to make any claim or compensation if at any stage of my selection, my ineligibility for candidature is detected and my candidature is cancelled as a result thereof.

Place:
Dated:

(Signature of Candidate)