

APPLICATION PERFORMA FOR JRF
GOVERNMENT MEDICAL COLLEGE & HOSPITAL, SECTOR-32, CHANDIGARH
 (Hospital Building), Sector 32-B, Chandigarh – 160 030
 Ph. 0172-2665253-60 Fax No. 0172-2609360

Affix self
attested
photograph

**THE PROFORMA MAY BE SENT TO THE ADDRESS: Department of Psychiatry,
 GOVT. MEDICAL COLLEGE & HOSPITAL, SECTOR 32, CHANDIGARH 160030**

LAST DATE FOR RECEIPT OF HARDCOPY 29.4.2017 UPTO 01:00 P.M.

1. Full Name (BLOCK LETTERS) : _____
 (First Name) (Middle Name) (Surname)
2. Father's/Husband's name : _____
3. Date of birth (Date/ Month/ Year) : _____
 (Date) (Month) (Year)
4. Age (as on the 01.01.2017) : _____ Years _____ Months _____ Days
5. (a) Permanent Home Address with Telephone/Mobile No. : _____

 (b) Correspondence/Mailing Address with Telephone/Mobile No. : _____

6. Whether belongs to Gen S.C OBC EXM

7. Educational qualification in Chronological Order

Examination Passed	Year of Passing	Marks Obtained/ total Marks	Class/ Division	%age of marks	University/ Institution
Matric					
10+2					
MBBS					
Other qualification, if any					

8. **Experience, if any**

Post held (indicate temporary/permanent)	Period		Total Period			Employer's Address
	From	To	Years	Months	Days	

9. Registration Number & State in which registered

10. E Mail ID : _____

I am enclosing herewith the photocopies of following certificates/testimonials (tick) duly attested by the Gazetted Officer or self attested:

- (i) Matric,
- (ii) 10+2
- (iii) Degree
- (iv) Date of Birth Certificate
- (v) Registration Certificate
- (vi) Any other documents _____.

Place:
Dated:

(Signature of Candidate)