

Director General Medical Education & Research, Haryana, Panchkula 4th floor, DHL Square, Plot no.9, IT Park, Sector 22, Panchkula, Haryana- 134112 Ph. No. 0172-2584633, 2560799 email: dmer-hry@nic.in Website: https://dmer.haryana.gov.in/

Application Form

Application for the	he Post of					si	ffix passport ze photograph ally attested.		
1. Name (Block I	Letters):					• • • • • • • • • • • • • • • • • • • •			
2. Father/Husband	2. Father/Husband Name (Block Letters):								
3. Mother's name	(Block Lette	ers):							
4. Aadhar No. of the Candidate:									
5. NMC License	No. of the Ca	andidate							
6. Age:									
7. Date of Birth: .	7. Date of Birth:								
8. Gender: (Male	/Female) (Pl	ease tick).							
9. Marital Status:		, ,		ick).					
	10. Category: (Tick the applicable category)								
UR 🗌	SC BC 'A' BC 'B'								
	EWS ESM PH								
Note: Attach	-								
11. Complete Posta	al Address:-		•••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••		
	••••••					•••••	•••••		
*Mobile 11. Examination Page 11.			Emaii			• • • • • • • • • • • • • • • • • • • •	•••••		
Name of Examination		No. of	Mark	6	Maximum		Distinction		
Name of Examinatio	& Year of Passing	Extra Attempts	Obtai		Marks.	%age / GPA	or Prize, if		
MBBS									
MD/MS/DNB/Diplon	na								
M.Ch /DM									
PG equivalent qualification (in case non medical)	of								
Total									
12. Additional exp		•	•	•	`				
if any (Please tie		•	No No	OVCI		Tat requii	ica ioi ciigiviili		
If Yes, detail the			110		L_	_			
Name of I Employer	Date of Joinin	ng Date of Leavin			ne of the Post		Reason for leaving.		



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13. Extra cur	 ricular activities du	ring UG/PG ca	reer					
i. Sports	and cultural activiti	es (medals, pri	zes)					
ii. Blood	donation							
iii. Publica	ations etc. :-							
	· · · · · · · · · · · · · · · · · · ·							
14. Application	Fees (in Rs.)	De	mand draft no	•••••				
Dated Issuing Bank								
15. List of Docu	iments attached .	•••••						
				correct to the best of my				
knowledge and not liable to cancellation		cealed therein.	If any information f	ound incorrect I will be				
Place:			Signature of	Candidate.				
гасе:	· • •		(Full Na	me)				
Date:								

^{*}Candidates are advised to give their own mobile No. and email id. All communications will be made through the same.