Adv. No.: SHKM/ Rectt/2022/01

APPLICATION FORM

Category No							0	Challa	an /	IP	0/ C	DD I	No.:_			
Application for the post	t of				Dated://											
Department:	Department:						Issuing authority:									
1. Name of Candidate (if (As per Matriculation / H					certifi	cate))									
2. Father's Name (in blo	ock letter)											Γ	Past	e vo	our	
3. (a) Permanent Addre														port nt	t size	
(b) Correspondence Ad													-	-	ested	
Contact No/ Mobile No	(Mandatory)			+91												
Alternative Cont	act No.			+91												
4. E-mail id (Mandatory	<i>'</i>)															
5. Date of Birth:	//19															
Age: YearsMo	nthsI	Days	••••	(As o	n last	date	e of	subr	nissi	ion	ofa	app	licat	ion)		
6. Marital Status		C.			lificat	ion).										
		S	pous	se (job/qua	imcai	1011).										
7. Category: Unreserve		S] 		se (job/qua Reserved											na oi	nly.
	d / GC	5]										0	f Ha	rya	na oi	_
7. Category: Unreserve	d / GC Month & Year of Passing /	Duratio in days, months	or on		l (spec	ify):		Maxi Mark	imur		N	o ame	f Ha	rya nstit		_
7. Category: Unreserve8. Examination Passed: Name of the	d / GC Month & Year of	Duratio in days	or on	Reserved No. of extra	l (spec	ify): ks		Maxi	imur		N	o ame	f Ha	rya nstit	na oi	_
7. Category: Unreserve 8. Examination Passed: Name of the Examination	d / GC Month & Year of Passing /	Duratio in days, months	or on	Reserved No. of extra	l (spec	ify): ks		Maxi	imur		N	o ame	f Ha	rya nstit	na oi	_
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or	d / GC Month & Year of Passing /	Duratio in days, months	or on	Reserved No. of extra	l (spec	ify): ks		Maxi	imur		N	o ame	f Ha	rya nstit	na oi	_
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent	d / GC Month & Year of Passing /	Duratio in days, months	or on	Reserved No. of extra	l (spec	ify): ks		Maxi	imur		N	o ame	f Ha	rya nstit	na oi	_
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or	d / GC Month & Year of Passing /	Duratio in days, months	or on	Reserved No. of extra	l (spec	ify): ks		Maxi	imur		N	o ame	f Ha	rya nstit	na oi	_
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof.	d / GC Month & Year of Passing /	Duratio in days, months	or on	Reserved No. of extra	l (spec	ify): ks		Maxi	imur		N	o ame	f Ha	rya nstit	na oi	_
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof.	d / GC Month & Year of Passing /	Duratio in days, months	or on	Reserved No. of extra	l (spec	ify): ks		Maxi	imur		N	o ame	f Ha	rya nstit	na oi	_
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof.	d / GC Month & Year of Passing /	Duratio in days, months	or on	Reserved No. of extra	l (spec	ify): ks		Maxi	imur		N	o ame	f Ha	rya nstit	na oi	_
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final Part-II	d / GC Month & Year of Passing /	Duratio in days, months	or on	Reserved No. of extra	l (spec	ify): ks		Maxi	imur		N	o ame	f Ha	rya nstit	na oi	_
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final	d / GC Month & Year of Passing /	Duratio in days, months	or on	Reserved No. of extra	l (spec	ify): ks		Maxi	imur		N	o ame	f Ha	rya nstit	na oi	_
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final Part-II	d / GC Month & Year of Passing /	Duratio in days, months	or on	Reserved No. of extra	l (spec	ify): ks		Maxi	imur		N	o ame	f Ha	rya nstit	na oi	_
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final Part-II B) Internship	d / GC Month & Year of Passing / Completion	Duratio in days, months	or on	Reserved No. of extra	l (spec	ify): ks		Maxi	imur		N	o ame	f Ha	rya nstit	na oi	_

9. Particulars of House Job / Experience:-

S.NO	Name of medical college/	Specialty	Date of	Date of	Duration
	Hospital		Joining	Relieving	
1					
2					

10. Post Graduate Qualification:

Name of Degree/	Name of Institution/	No of extra	Date of	Date of	Duration in	Aggregate
Diploma	University	attempt	Joining	Passing	dd/mm/yy	%age
i) PG Diploma						
ii) PG Degree						
iii) DNB/						
others(i.e. M. Sc)						
(~ ~ /						
iv) Additional						
Qualifications i.e.						
D.M/ M.Ch/ Ph. D						

11. Particulars of Post PG Experience (In MCI Recognised/ Approved Medical College/Institute only):-

S.NO	Name of Medical	Specialty/	Date of	Date of	Duration in
	College/Teaching Institute	Designation	Joining	Relieving	days/months/yrs
1					
2					
3					

12. ACADEMIC ACHIEVEMENTS:

• Best graduate (1 st in aggregate in all profs. Exams combined)	YES/NO
• 2 nd Best graduate (1 st in aggregate in all profs. Exams combined)	YES/NO
• 1 st position in any subject in University exams (During Graduation)	YES/NO
• 2 nd position in any subject in University exams (During Graduation)	YES/NO
PG Degree with Distinction/ Any Medals	YES/NO

13. RESEARCH ACHIEVEMENTS:

(1) **PUBLICATIONS:**

a) Paper published /accepted for publication in an indexed international journal.

S.	Title of Article / Case report	ISSN No. and Name of	Indexing of	As 1st author/	Designation
No.		the Journal and Publisher	the journal	2 nd author OR	while
		(published / accepted)	e.g. Pub med	Co- author	publishing
1					
2					
3					
4					
4					
5					
3					

b) Paper published / accepted for publication in an Indian and State Journal with ISSN No. (Abstract of Paper presented in a conference will not be counted as a publication)

S. No.	Title of Article / Case report (As 1 st author or Co- author)	ISSN No. and Name of the Journal whether published /accepted (mention the edition)	Designation while publishing
1			
2			
3			
4			
5			

14. EXTRACURRICULAR ACTIVITIES:

A) Sports And Cultural Activities (colours / athletic meet/ cultural meet)

S. No.	Name of Sport/ Cultural Event	Level whether International/ National/ Interuniversity/ University (inter-college)	Position First/ Runner up
1			
2			

B) Blood Donation: (at Medical College/Govt./Red Cross Blood Banks only)

15. Are you:

- a)
- A citizen of India by birth or by domicile ______. A person having migrated from Pakistan with the intension of permanently setting in India or a subject b) of Nepal of Sikkim or Subject of a Portuguese in India
- *Scheduled Caste of Haryana c)
- *Backward Class candidate of Haryana d)
- *Ex-serviceman/Serving Soldier _ e)
 - Certificate to this effect from competent authority should be attached.

16. Is or was you father*

- a) A citizen of India by birth or by domicile.
- A person having migrated from Pakistan with the intension of permanently setting in India or a subject of Nepal of Sikkim or Subject of a Portuguese in India

*Answer "Yes" or "No" and cancel the words which are not applicable.

17. Are you a Government Servant? If yes, whether

- Permanent or Temporary ______
 Designation/Post ______
- 3) Govt./Private _____
- 4) Present pay and allowance _____

18. Have you ever been disqualified by

- a) Union Public Services Commission
- b) Haryana Public Service Commission
- c) Any other State Public Service Commission
- d) Any other Govt. Department, if yes full particular and post held, reason for removal/dismissal with period.
- 19. Have you ever been removed / dismissed from Govt. Service or compulsory retire, if so full details be given?
- 20. Are you willing to accept the minimum initial pay offered? If not, what lowest initial pay would be acceptable?
- 21. If selected what notice would you required for joining?
- 22. Give below the names of two persons who are in a position to testify from personal knowledge you fitness for post (they must not be related to you)

Name	Name
Status	Status
Address	Address

SIGNATURE OF APPLICANT

DECLARATION

I
hereby declare that information given below is correct to the best of my
knowledge & belief:
1. That all the degrees/diploma/Other educational qualification/experience constituting essential qualification, as per the advertisement, submitted by me in support of this application are recognized by Medical/Dental Council of India or such body as is competent to recognize such a degrees/diploma/Other educational qualification/experience in India.
 That I possess the requisite experience, as per the advertisement for the post that I have applied for from an institution recognized by the competent body in India.
3. That if at any stage, this declaration is found to be false than the interview and all subsequent actions to it may be considered void ab-initio besides any such administrative or legal action by competent authority deemed for, including recovery of financial loss sustained due to the false declaration.
Place:
Date: SIGNATURE OF APPLICANT
List of enclosures:
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
Please write your complete correspondence address:
Name
Address
Pin Code