

CHACHA NEHRU BAL CHIKITSALAYA (An Autonomous Institute under Govt. of NCT of Delhi) Affiliated to GGSIP University Geeta Colony, Delhi - 110031



APPLICATION FORM

| | Department & Post Applied for : | | | | |
|-----|--|--|--|--|--|
| 1. | Name (in Block Letter) : | | | | |
| 2. | Father's/ Husband's Name : | Paste recent self Attested Passport size photograph of | | | |
| 3. | D.O.B.: | candidate | | | |
| 4. | Gender (Please Tick): Male FemaleOthers | | | | |
| 5. | Age in Years Months Days (As on the date of interview) | | | | |
| 6. | Nationality : | | | | |
| 7. | Aadhar No.: | | | | |
| 8. | Passport/Voter ID No. (Please specify) : | | | | |
| 9. | Whether SC/ST/OBC(Delhi)/DIVYANG : | | | | |
| 10. | Address (Permanent): | | | | |
| | | | | | |
| 11. | Address for Correspondence : | | | | |
| | | | | | |
| 12. | Mobile No. : | | | | |
| 13. | Email address : | | | | |
| 14. | Current Registration No. with DMC/ Applied case I.D. No. with date : | | | | |
| 15. | Educational Qualification : | | | | |
| | Name of Examination% & DivisionBoard/ UniversityMonth & Yeaof MarksPassing | ar of No. of Attempts | | | |
| | MBBS | | | | |
| | MD/ DNB/ DIPLOMA | | | | |

(Subject _____

Any Other Qualification

)

| Residency | Name & Address of the Institute/ Hospital | Period of Residency | |
|-----------------|---|-------------------------|---------------------------|
| | | Adhoc Basis From/ To | Regular Basis From/ To |
| Junior Resident | | | |
| Senior Resident | | | |

18. Whether any Leave encashment have been taken during the residency period as above: (Yes/ No)

If yes, No. of days _____& period of Leave encashment _____

19. Any other information you wish to submit :_____

DECLARATION

1. I hereby solemnly declare and affirm that statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information/ facts being found untrue/ false/ incorrect my candidature is liable to be cancelled/ terminated besides taking any other action deemed fit in this regard. I shall have no claim for absorption after termination/ completion of contract period of tenure. I shall abide by the terms and conditions as prescribed.

2. **For Govt. Employees** : I have also informed my Head of Office/ Department in writing that I am applying for this post and shall produce "No Objection" Certificate at the time of the Interview.

Date:

Place:

(NAME AND SIGNATURE OF THE APPLICANT)