

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) :	Paste recent self					
2.	Father's/ Husband's Name :	Attested Passport size photograph of					
3.	D.O.B.:	candidate					
4.	Gender (Please Tick): MaleFemaleOthers						
5.	Age in Years Months Days (As on the date of inte	erview)					
6.	Nationality:						
7.	Aadhar No.:						
8.	Passport/Voter ID No. (Please specify) :						
9.	Whether SC/ST/OBC(Delhi)/DIVYANG :						
10.							
11.12.	Address for Correspondence : Mobile No. :						
13.	Email address :						
14.	Current Registration No. with DMC/ Applied case I.D. No. with date :						
15.	5. Educational Qualification :						
	Name of Examination						
Ì	MBBS						
•	MD/ DNB/ DIPLOMA (Subject)						
	Any Other Qualification						

	17.	Details of	Experience	(if any)
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Any other information you wish to submit:_____

	Residency	Name & Address of the Institute/ Hospital	Period of Residency	
			Adhoc Basis From/ To	Regular Basis From/ To
J	unior Resident			
S	Senior Resident			
18.	Whether any Leave e	ncashment have been take	en during the residency pe	riod as above: (Yes/ No)
	If yes, No. of days	& period of Leave er	ncashment	

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:

19.

Place:

(NAME AND SIGNATURE OF THE APPLICANT)