

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



APPLICATION FORM

D	epartment & Post Applie	d for :			
1.	Name (in Block Letter) :				Desta massaut san
2.	Father's/ Husband's Na	me :			Paste recent se Attested Passpo size photograph
3.	D.O.B.:				candidate
1.	Gender (Please Tick):	MaleF	emaleOthers	S	
5.	Age in Years	Months	Days (As	on the date of inte	erview)
6.	Nationality :				
7.	Aadhar No.:				
3.	Passport/Voter ID No. (Please specify)	:		
9.	Whether SC/ST/OBC(D	elhi)/DIVYANG	i:		
10.	Address (Permanent):				
12.	Mobile No. :				
13.	Email address :				
. o. L4.	Current Registration No				
	G	·			
15.	Educational Qualificatio	n :			
	Name of Examination	% & Division of Marks	Board/ University	Month & Year of Passing	No. of Attempts
MB	BBS				
	D/ DNB/ DIPLOMA				
An	y Other Qualification				

Residency		Name & Address of the Institute/ Hospital	Period of Residency				
		•	Adhoc Basis From/ To	Regular Basis From/ To			
Junior	Resident						
18.	•	ave encashment have beer	•	cy period as above: (Yes/ No)		
19.	DECLARATION 1. I hereby solemnly declare and affirm that statements made in this application are trucomplete and correct to the best of my knowledge and belief. I understand that in the event of a information/ facts being found untrue/ false/ incorrect my candidature is liable to be cancelle terminated besides taking any other action deemed fit in this regard. I shall have no claim absorption after termination/ completion of contract period of tenure. I shall abide by the terms a conditions as prescribed.						
				Office/ Department in writing the the time of the Interview.	nat I		
	Date:						
	Place:						

(NAME AND SIGNATURE OF THE APPLICANT)