

Price: Rs. 500/- For general (including prospectus)

Session: January, 2009 Form No. \_\_\_\_\_

Rs. 400/- For SC/ST Except for DM/M.C.h (including prospectus)

**Postgraduate Institute of Medical Education & Research, Chandigarh 160012**

Application form for \_\_\_\_\_ Course

Roll No.

Speciality Applied for \_\_\_\_\_

Application form duly completed should

Reach The Office Of The Registrar by 27.10.2008

(TO BE ASSIGNED BY OFFICE)

**IMPORTANT NOTE: BEFORE FILLING UP THIS APPLICATION FORM PLEASE READ THE ADMISSION NOTICE AND THE PROSPECTUS SUPPLIED WITH THIS FORM CAREFULLY**

**REGISTRAR**

Postgraduate Institute of Medical  
Education & Research, Chandigarh - 160 012

Sir,

I submit my application for admission to the course ticked (✓) below

MD/MS

DM/M.Ch.

MHA

House Job(Dentistry)

Subject: \_\_\_\_\_

a) For Sponsored & foreign MD/MS candidates, mention upto three subjects for which they have been sponsored.

b) For DM/M.Ch. \_\_\_\_\_

**(The candidates are required to submit separate application for each subject they want to apply for)**

c) I am an applicant under the category ticked (✓) below:-

1. General

2. Sch. Caste

3. Sch. Tribe

4. OBC

5. Rural Area Service

6. Orthopaedic Physically Handicapped

(Column No. 2,3,4,5,6 are not applicable to DM/M.Ch. courses)

7. Sponsored / Deputed \_\_\_\_\_  
(Also mention subjects)

8. Foreign National \_\_\_\_\_  
(Also mention subjects)

Note: The change of category at any stage will not be permitted

Place \_\_\_\_\_

Date \_\_\_\_\_

Please paste here a  
passport size coloured  
**photograph** attested by the  
Gazetted Officer

**(to be filled only by the candidates  
who download the form websites)**

Bank Draft No.: .....  
in favour of Director, PGI, Chandigarh

Date of issue .....

Name of the issuing Bank/ Banch.....

.....

Amount Rs. ....

Yours faithfully

(Signature of the Candidate)

( \_\_\_\_\_ )

Name in Block Letters)

The application form and acknowledgement card must be completed in the candidate's own handwriting using ball point pen.

An application which is incomplete or wrongly filled in, will be rejected.

1. (a) Name in full (in block letters) : \_\_\_\_\_  
(In English)
- (b) In Hindi (Devnagari Script) : \_\_\_\_\_
2. Date of birth (as recorded in matriculation or its : \_\_\_\_\_  
equivalent certificate according to Christian Era)
- 3 (i) (a) Father's Name (In English) : \_\_\_\_\_  
(b) In Hindi (Devnagri Script) : \_\_\_\_\_
- (ii) (a) Mother's Name (In English) : \_\_\_\_\_  
(b) In Hindi (Devnagri Script) : \_\_\_\_\_
4. Father's occupation and annual income : \_\_\_\_\_
5. (a) Do you belong to Scheduled Caste/ Tribe : \_\_\_\_\_  
(b) If yes, state your caste and religion : \_\_\_\_\_  
(attach proof)
6. Sex : \_\_\_\_\_
7. Married or unmarried : \_\_\_\_\_  
(If married, wife/husband name & occupation)
8. Nationality : \_\_\_\_\_
9. State/Union Territory to which you belong : \_\_\_\_\_
10. Address in Block letters : \_\_\_\_\_  
(a) Where interview / selection letter etc. : \_\_\_\_\_  
should be sent
- (b) Permanent Home Address : \_\_\_\_\_
- (c) Telegraph address (if any) : \_\_\_\_\_
- (d) Telephone No. STD Code (Mobile Number) : \_\_\_\_\_
- (e) E-mail address (if any) : \_\_\_\_\_
11. Permanent Medical Registration number and : \_\_\_\_\_  
the state in which registered
12. Are you doing / have done MD/MS in which : \_\_\_\_\_  
subject
- 12 A. Are you employed if yes, give the following details : \_\_\_\_\_  
(a) Date of joining : \_\_\_\_\_
- (b) Nature of job : \_\_\_\_\_
- (c) Name of the Institution/Hospital Govt./ : \_\_\_\_\_  
Semi Govt. / Pvt.
- (d) Designation : \_\_\_\_\_
- (e) Pay Scale : \_\_\_\_\_
- (f) Name of employer : \_\_\_\_\_

Note: If you are doing/ have done MD/MS, you are not eligilble for applying for MD/MS Coures. Please refer to the point 'd' of General information of the prospectus.

**13. (A) Details of MBBS/BDS/MD/MS Examination**

- (a) A failure in the examination, compartment or re-appear in one or more subjects will constitute an attempt.  
 (b) The attempts made at passing the examinations and should be mentioned as **“FIRST”** i.e. **No. failure/No compartment/ No re-appear** **“SECOND”** (i.e. **one failure/ compartment/ re-appear etc**) and not as **“ONE”** or **TWO etc.**)

Examination passed	Name of University/ Institute	Month & Year in Which passed	Attempt at which Passed	Proof at encl. No.
First Professional				
Second Professional				
Third Professional				
Final Professional				

Aggregate Percentage of marks obtained in the MBBS/BDS Examination \_\_\_      %

**13. (B) Details of internship or compulsory rotatory house job.**

Name of Hospital	From			To			Date of completion	Proof at Encl. No.
	Days	MM	Yrs.	Days	MM	Yrs.		

**13. (C) Postgraduate examination passed**

Name of examination Passed and the subject	Name of the college from which the candidate passed	A. Name of University/ Institute B. Month & year in which passed	Whether of MD/ MS is Recognized by MCI, If yes enclosed Proof	Whether college/ Institution is Recognized by MCI if yes enclosed proof	Attempts at which Passed	Proof at Encl. No.	If appearing in which Subject

14. Have you worked / are working / or doing private practice in rural area for a period of two years of more? If so, give details.

Name of Hospital Place	Capacity in which Worked	Pay scale	Period					Proof at Encl. No.
			From	to	Yr	Month	Days	

15. Give names and complete address: of two references not related to you

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Have you any contact person/guardian in Chandigarh. If so, mention his/ her address Telephone No., If any.

\_\_\_\_\_  
 \_\_\_\_\_

17. Are you being sponsored/ deputed by your employer? If sponsored, the application must be accompanied with sponsorship, deputation certificate in the form printed at page 8.

\_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

( \_\_\_\_\_ )  
 Signature of the applicant

**Note- PLEASE DO NOT LEAVE ANY COLUMN UNFILLED/BLANK**

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## ATTEMPT CERTIFICATE

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The application must accompany the undermentioned certificates duly signed by the Principal or Medical College/ Institute from where the candidates has passed his/her MBBS/MD/MS/BDS Examination.

- NB
1. The failure of candidate in any professional MBBS/BDS examination or his/her having been placed in compartment or re-appear in one or more subjects shall constitute as an attempt.
  2. The entries under the heading "column" at which passed should be indicated as "FIRST" (i.e., no failure/ Compartment/re-appear), "SECOND" (i.e., one failure/compartment/re-appear) etc. and not as "ONE", "TWO" etc.
  3. **No other certificate than the one conforming to the under -mentioned format will accepted.**
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## ATTEMPT CERTIFICATE - I

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Certificate that Dr. \_\_\_\_\_

son/daughter of Sh. \_\_\_\_\_

has passed professional examination of the MBBS/BDS course as per details given below:-

<b>Examination</b>	<b>Attempted at which passed.</b>
1. First Professional	_____
2. Second Professional	_____
3. Third Professional	_____
4. Final Professional	_____

It is certified that MBBS/BDS degree of this Medical/Dental College is recognized by the Medical Council/ Dental Council of India.

It is certified that \_\_\_\_\_ commenced his/her rotatory compulsory internship training on \_\_\_\_\_ and is due to complete the same on \_\_\_\_\_

**OR**

It is certified that \_\_\_\_\_ has completed his/her compulsory rotatory internship on \_\_\_\_\_

Session : \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

(Official Seal)

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## ATTEMPT CERTIFICATE - II

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Certificate that Dr. \_\_\_\_\_ son/daughter of Sh. \_\_\_\_\_ has passed the MD/MS examination from the Institute / University in the subject of \_\_\_\_\_ in the \_\_\_\_\_ attempt(s).

It is certified that the abovesaid MD/MS degree of the Institute/University is recognized by Medical Council of India.

It is further certified that the degree of MD/MS of College/Institution in the subject of \_\_\_\_\_ awarded to him/her is recognized by the Medical Council of India as per their letter No. \_\_\_\_\_

A photocopy of the same is enclosed.

Station \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

Official Seal \_\_\_\_\_

Note : 1. Deletion /alteration of any work in the above certificate will lead to rejection of the application summarily and no intimation will be sent to the candidate.

2. In case a photocopy of the letter from the Medical Council of the India Postgraduate Degree College/ Institution is not enclosed, the application will not be considered.

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**DECLARATION BY CANDIDATE**

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I hereby declare that the application has been filled in my own handwriting and all statements made in it are true, complete, and correct to the best of my knowledge and belief and nothing has been concealed. In the event of any statement being found false or incorrect or any ineligibility being detected before or after the selection, action such as removal of my name from the rolls and / or other action as may be considered necessary can be taken against me.

2. I also declare that I have carefully read the contents of the Prospectus in respect of the course applied for by me and undertake to abide by the provision contained therein.
3. I further declare that I fulfil all the eligibility conditions regarding educational qualification, experience etc. prescribed by the Institute for admission to the course applied for by me.
4. If selected :
  - (a) I agree to work on whole time basis:
  - (b) I shall not engage myself in private practice or part time job during the period.
  - (c) I shall not draw any pay, fellowship or any kind of monetary assistance from any other sources, if I am allowed emoluments by the Institute.

Place \_\_\_\_\_ ( \_\_\_\_\_ )

Date \_\_\_\_\_ Signature of the applicant

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**DECLARATION BY THE FATHER/GUARDIAN OF THE APPLICANT**

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I hereby declare that I shall be responsible for timely payment of all dues payable to the Postgraduate Institute of Medical Education & Research, Chandigarh in respect of my son/daughter/ward (name \_\_\_\_\_) during the period of his/her stay at the institute and there until the dues are cleared.

Address \_\_\_\_\_ ( \_\_\_\_\_ )  
\_\_\_\_\_ Signature  
\_\_\_\_\_ Relationship to the applicant)

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**ENDORSEMENT BY THE EMPLOYER, IF THE APPLICANT IS IN SERVICE**

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No..... Date .....

Forwarded to the REGISTRAR, Postgraduate Institute of Medical Education and Research, Chandigarh for consideration. The undersigned has no objection to the applicant of Dr. \_\_\_\_\_ being considered by the Institute for the course applied for by him/her and if selected, he/she will be relieved within the prescribed time limit. The applicant is "sponsored /deputed or not sponsored /deputed by us and the sponsorship/deputation - certificate is enclosed.

Address \_\_\_\_\_ Signature of employer  
\_\_\_\_\_ with official seal

\*Strike out whichever is not applicable

**DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY**

I.....son/daughter of Shri.....  
.....resident of village/town/city.....  
district.....state.....community.....  
(certificate enclosed) hereby declare that I belong to the .....community which is recognized as a backward class by the Govt. of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No. 36012/22/93-Esstt(SCT) dated 8-9-1993. It is also declared that I do not belong to the persons/sections (creamy layer) mentioned in column 3 of OM NO. 36012/22/93-Esstt (SCT) dated 08-09-1993 and modified vide Govt. of India Department of Personnel and Training OM NO. 36033/3/2004-Esstt (Res) dated 09-03-2004

Place \_\_\_\_\_ (Signature of applicant)  
\_\_\_\_\_ (in running handwriting)

Date \_\_\_\_\_  
**Note:- The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also for assuming that the candidate does not fall in the creamy layer.**

## RURAL AREA SERVICE CERTIFICATE

Certified that Dr. \_\_\_\_\_ son/daughter of Shri \_\_\_\_\_ Registration No. \_\_\_\_\_ has served or carried on private practice in the following place(s) during the period indicated against each:

Place	Period						
	Days	From Months	Years		To Days	Months	Years

Certificate that the above mentioned place comprises a village or a Primary Health Centre of town with population of less than 5000 and without a municipal area.

Date \_\_\_\_\_

Signature of the Distt. Magistrate

Station \_\_\_\_\_

with seal

## SPONSORSHIP CERTIFICATE

**(Applicable only in case of candidates who are sponsored/deputed)**

**Note : Sponsorship for Private Hospital/Institute/Nursing Homes, etc. is not accepted.**

Certified that Dr. \_\_\_\_\_ son/daughter of Shri \_\_\_\_\_ is a permanent / regular employee of the Govt. Deptt/ Medical College since \_\_\_\_\_ (Date) and has THREE YEARS of Regular/Permanent Service.

Please (✓) the type of Institution/ Department sponsoring / deputing the candidate viz.

1. I. Central Govt. 2. State Govt. 3. Autonomous Body of Central Govt. 4. Autonomous Body of State Govt. 5. Public Undertaking 6. Medical College / Hospital affiliated to a University and recognized by Medical Council of India.
2. Certified that if selected for the course applied for by the applicant he/she will be suitably employed by us after the completion of his/her training course to work for atleast five years in the speciality in which the training is received by him/her at PGI, Chandigarh.
3. Certificate that no financial implication in the form of emoluments/stipend etc. will devolve upon PGI, Chandigarh during the entire period of applicant's course. Such payment will be the responsibility of sponsoring/deputing authority.

Date \_\_\_\_\_

Signature of the sponsoring/ deputing authority with seal

Station \_\_\_\_\_

NB 1. Deputation /Sponsorship of candidates holding tenure appointment (like House Job or Junior or Senior or Senior Residency), adhoc or contract or honorary or appointment against a leave vacancy shall not be accepted.

2. The sponsoring/deputing Institution should not nominate more than one candidate for a speciality/ super speciality.

3. The candidate must indicate the subject or thier choice in the application clearly as page 1.

Sponsoring / deputation of candidates will be accepted only from the following.:

- |  |  |
|--|--|
| (a) Central Govt. Departments/ Institution   | (b) State Govt. Departments/ Institution |
| (c) Autonomous bodies of the central or State Govt.  | (d) Public Sector Undertakings.          |
| (e) Medical College affilated to a University and recognized by the Medical Council/Dental Council of India. |  |

In case of candidates deputed/ sponsored by Medical College affiliated to a University and recognized by the Medical Council of India, the deputation/ sponsorship certificate signed by the Principal of Medical College concerned only shall be accepted.

Note: The three photographs to be pasted on this form at the place indicated must be identical. The photograph should be signed by the candidate in ink on the front.

**APPLICATION MUST BE TAGGED PROPERLY & ALL THE ENCLOSURES MUST ACCOMPANY THE APPLICATION IN SEQUENCE AS PER THE ENCLOSURE LIST GIVEN BELOW**

**Documents**

**Enclosure No.**

- |  |       |
|--|-------|
| 1. Attested copy of Matriculation / Higher Secondary Certificate Showing Date of Birth   | _____ |
| 2. Attested copy of Certificate of passing MBBS/BDS examination  | _____ |
| 3. Attested copy of Certificate of passing MD/MS examination   | _____ |
| 4. Internship completion certificate   | _____ |
| 5. Attempt certificate I and II in signed by principal, Dean / Registrar   | _____ |
| 6. Attested copy of certificate of the character and conduct from the Institution last attended.   | _____ |
| 7. Attested copy of Certificate of permanent Registration with Central / State Medical Registration Council / Dental Council of India                | _____ |
| 8. Attested copy of Caste Certificate in Hindi/English Script  | _____ |
| 9. Sponsorship/deputation Certificate in the prescribed form, if applicable  | _____ |
| 10. Acknowledgement card with postage stamp of Rs. 5/- affixed thereon.  | _____ |
| 11. Three self addressed envelopes of size 10x23 cms. Rs. 5/- Postage stamp on each envelop for use by this office for sending interview letter etc. | _____ |
| 12. Rural Area Certificate issued by Distt. Magistrate   | _____ |
| 13. Orthopaedically handicap certificate (if applicable)   | _____ |
| 14. OBC certificate should be signed by District Magistrate  | _____ |

**IMPORTANT NOTE**

In case any candidate is found to have supplied false information of certificate etc. or is found to have concealed or withheld some information in his/her application form, He/she shall be debarred from admission.

Any other action that may be considered appropriate by the Director of the Institute may also be taken against him/her which may include criminal prosecution.

Date \_\_\_\_\_

Signature of the Candidate

Place \_\_\_\_\_

No. of Enclosures : \_\_\_\_\_



**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,  
CHANDIGARH - 160012**

**SELECTION OF CANDIDATE FOR MD/MS, DM//MCh, MHA, HOUSE JOB (DENTISTRY) COURSES**

**ADMIT CARD**

Category\_\_\_\_\_

**SESSION: JANUARY , 2009**

1. Roll No. \_\_\_\_\_  
(to be assigned by Office)
  
2. Examination Centre: Chandigarh
  
3. Specimen signature of the candidate \_\_\_\_\_

Please paste here a Passport size coloured photograph attested by the Gazetted Officer

Please admit Dr. \_\_\_\_\_ whose photograph along with the specimen signature are affixed thereon to the selection test for MD/MS, DM/M.Ch.,MHA.MDS,House Job (dentistry) mentioned above.

**REGISTRAR**

Postgraduate Institute of Medical  
Education & Research, Chandigarh.

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**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,  
CHANDIGARH 160012**

**SELECTION OF CANDIDATE FOR MD/MS, DM//MCh, MHA, HOUSE JOB (DENTISTRY) COURSES**

**Candidate's Attendance Sheet**

**SESSION: JANUARY , 2009**

Category\_\_\_\_\_

1. Roll No. \_\_\_\_\_  
(to be assigned by Office)
  
2. Examination Centre: Chandigarh
  
3. Specimen signature of the candidate \_\_\_\_\_

Please paste here a Passport size coloured photograph attested by the Gazetted Officer

Nothing to be written below this line by candidate

**ATTENDANCE SHEET**

Date and Time

Signature of candidates  
( to be signed in Examination Hall)

Signature of Invigilator

Date and Time	Signature of candidates ( to be signed in Examination Hall)	Signature of Invigilator

### **Instructions to the candidates**

1. This admit card is subject to the condition that if negligibility is detected at any stage, your candidate will be cancelled.
2. Check your particulars including the category in the Admit Card carefully, Error, if any, should be immediately reported to Training Branch, PGIMER, Chandigarh.
3. Bring a blue or black ball pen for writing/making response. Use of pencil is not allowed.
4. No entry to examination hall without Admit Card.
5. Cell phone, pagers, calculators are strictly prohibited.
6. Do not attempt to give or to obtain irregular assistance of any kind.
7. Do not carry any article, even envelope of Admit Card into examination hall.
8. Do not mark or write anything on question paper.
9. Any attempt to remove pages for Question Booklet will be severely dealt with.
10. Copying or noting down questions is strictly prohibited.
11. Hand over the question paper and answer sheet to the invigilator before leaving the examination hall.
12. Improper conduct will entail expulsion.
13. Draft should be in favour of Director, PGI, Chandigarh.

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH, CHANDIGARH  
SESSION: January 2009 For MD/MS/ House Job (OHSC) only

Dy. No (for office use):.....

Roll. No. (for office use):.....

TO BE FILLED BY THE CANDIDATE ITSELF BELOW THIS LINE:  
-----

Name of the course applied for :.....

- |    |  |         |
|----|--|---------|
| 1. | Name:  | Dr..... |
| 2. | Subject (for Spon./F.N. category)  | .....   |
| 3. | Nationality or State   | .....   |
| 4. | Category (General/ SC/ST/<br>Rural Area/ OPH/ OBC/SPON./<br>Foreign National | .....   |

**INFORMATION LIST**

- |    |  |                   |
|----|--|-------------------|
| 1. | Has the candidate passed MBBS/BDS examination from a Medical Collage/Dental collage recognized by MCI/DCI? | YES / NO          |
| 2. | Attempts made by the candidate during his/her MBBS/BDS career(1st or IInd.)                                |                   |
| 3. | Date on which the candidate will complete his/her internship training.                                     | <u>DD /MM /YY</u> |

**DECLARATION**

I have carefully read the Instructions given in the prospectus. I hereby solemnly and sincerely affirm that the statement made and information furnished by me with application From are true and correct. If, however, it is found that any information furnished herein is Fraudulent, incorrect or untrue in material particulars, I realize that I am liable to criminal prosecution and my selection and admission to the course is liable to be cancelled.

Date \_\_\_\_\_

Signature of the Candidate

**FOR OFFICE USE ONLY**

- The application is complete in all respects. Candidate is Eligible
- The application is incomplete for want of the following document and may be filled as per the conditions of general information in prospectus.

1.	Attempt-MBBS/BDS	2.	Rural Area Certificate
3.	Caste Certificate (SC/ST/OBC)	4.	Sponsorship
5.	NOC	6.	Colour Passport size Photograph
7.	OPH certificate	8.	_____

We may inform the candidate accordingly.

- The candidate has more than one/two failures during MBBS/BDS career and is NOT Eligible.

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH, CHANDIGARH,

SESSION: January/July FOR DM/M.Ch ONLY.....

Dy. No (for office use).....

Roll. No. (for office use)\_\_\_\_\_

Seat advertised in particular category  
(for office use).....

For office use  
(Category)

**TO BE FILLED BY THE CANDIDATE ITSELF BELOW THIS LINE:**

1. Name: Dr.....  
2. Superspeciality applied for.....

**INFORMATION LIST**

- |  | <u>YES / NO</u>   |
|--|-------------------|
| 1. Has the candidate passed MBBS examination from a Medical Collage recognized by MCI? | _____             |
| 2. Attempts made by the candidate during his/her MBBS career.                          | _____             |
| 3. has the candidate passed MD/MS examination from a recognized collage.               | _____             |
| 4. Attempts made bt the candidate during his/her MD/MS career                          | _____             |
| 5. Subject in which MD/MS examination passed   | _____             |
| 6. Date of Birth   | <u>DD /MM /YY</u> |

**DECLARATION**

I have carefully read the Instructions given in the prospectus. I hereby solemnly andsincerely affirm that the statement made and information furnished by me with application From are true and correct. If, however, it is found that any information furnished herein is Fraudulent, incorrect or untrue in material particulars, I realize that lam liable to criminal prosecution and my selection and admission to the course is liable to be cancelled

Dated\_\_\_\_\_

Signature of the Candidate

**FOR OFFICE USE ONLY**

1. The application is complete in all respects. Candidate is Eligible
2. The application is incomplete for want of the following documents and may be filled as per the conditions of general information in propectus.
- |                            |                  |                      |
|----------------------------|------------------|----------------------|
| 1. Attempt-MBBS            | 2. Attempt-MD/MS | 3. Caste Certificate |
| 4. Sponsorship Certificate | 5. NOC           | 6. _____             |

- We may inform the candidate accordingly.
3. The candidate has more than one/ two failures during MBBS/MD/MS career and is NOT Eligible.

**Postgraduate Institute of Medical Education & Research,  
Chandigarh 160012**

**ACKNOWLEDGEMENT CARD**

Date \_\_\_\_\_

**Sub.:Application for MD/MS,DM/M.Ch.MHA House Job (Dentistry) Courses**

Reference your application dated \_\_\_\_\_ on this subject noted above

1. The receipt of your application is hereby acknowledged. Your application registration No. is \_\_\_\_\_ which may please be quoted. Your application correspondence with this office. This is merely an acknowledgment of your application. The decision of the Institute regarding your admission of the selection test will be communicated to you in due course.
2. The fact that an application registration No. has been issued to the candidates does not mean that the application is complete an all respect and has been accepted by Institute.
3. A further communication will follow in due course.

*For Registrar*

**Note :** Please write your address and affix Postage stamp on reverse.

Affix  
Here the  
Postage  
Stamp

To

Dr. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From

**Registrar**

Postgraduate Institute of Medical  
Education & Research, Chandigarh  
PIN Code No. 160 012