



Price:Rs._____

No
Details of application fee paid:
 DD.No.& Date:_____

Amount: Rs._____

**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
 CHANDIGARH-160 012 (INDIA)**

Advt. No.

NOTE:

I. TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY 'TYPED' (IN DUPLICATE), SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.

PASTE HERE SELF
 ATTESTED LATEST
 PHOTOGRAPH

II. BRIEF OF CANDIDATE FOR DIRECT RECRUITMENT AT PAGE NO.11 TO BE SUBMITTED DULY COMPUTERISED TYPED IN DUPLICATE) ON LANDSCAPE SIZE (LEGAL A6) SPECIMEN ENCLOSED).

Post applied for: _____

1. (a) Full Name (BLOCK LETTERS):

 (Surname) (First Name) (Second Name)

(b) Sex: Male/Female (c) Marital Status: Married/Unmarried

2. Father's/Husband's Name: _____

3. (a) Mailing Address: _____

 Tel. No. _____ PIN: _____

Fax.No. _____ Mobile No. _____

(b) Permanent Address _____

 Tel. No. _____ PIN: _____

Fax.No. _____ Mobile No. _____

4. (a) Date of Birth: () () ()

 (Date) (Month) (Year)

(b) Age: () () ()

 (Yrs.) (Months) (Days)

(c) Sex: (Male/Female)

5. Whether belongs to: Gen. S.C. S.T. O.B.C. P.H.

(Please strike out which is not applicable) (Attach attested copy of certificate on the proforma prescribed by the Govt. of India)

6. State of Domicile: _____

7. Nationality: _____ Religion : _____

8. (a) Registration No. with the Medical Council: _____

(b) State in which registered: _____

(b) After obtaining Postgraduate Qualification:

Post held (Indicate temporary/ permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Yrs.	mths.	days		

- 11. Details of Prizes, Medals, Scholarships & National/ International Awards etc.
- 12. Additional qualification such as membership of scientific society etc.

- 13. Research experience, if any, together with details of published works in indexed journals.

NUMBER OF PAPERS

	Published		Accepted for publication	Presented at conference
	Indexed	Non Indexed		
NATIONAL				
INTER-NATIONAL				

- 14. Chapter in books/books edited : _____
- 15. (a) Present employment/ post held : _____
- (b) Pay Scale : _____
- (c) Total emoluments drawn : _____
- (d) Address of present employer : _____
- 16. Are you willing to accept the minimum initial pay offered? If not, state what is the exact initial pay you would accept in the prescribed scale? : _____
- 17. If selected, what notice would you require before joining : _____
- 18. Have you been outside India for Academic Purpose? If so, give following information : _____

Country visited	Dates of visit		Duration of visit			Purpose of visit
	From	To	Yrs.	Mths.	days	

19. State the foreign languages you know:

	Foreign Language	Can read	Can write	Can speak
(i)				
(ii)				
(iii)				

20. Give below the names/ particulars of two referees from your speciality who are in a position to testify from personal knowledge to your fitness for the post.

- Note:**
- i. You should have worked with one of the referees for atleast two years.
 - ii. They must not be related to you.
 - iii. They must not be members of the Selection Committee of the Institute.

NAME	STATUS	ADDRESS
------	--------	---------

1.

2.

21. I attach attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-I**.

22. Self-evaluation of your work, particularly its strengths in different fields of activity including patient-care, teaching research and administrative, related to the job, which, in your view, entitles you to the post applied for may be given in **Annexure- II**.

23. Please submit alongwith your application, the photocopies of your publications which you consider '**BEST**' as under:-

- | | | |
|-----|---|--|
| i) | For the post of Professor and Additional Professor | (10 copies each of 10 best publications) |
| ii) | For the post of Associate Professor and Assistant Professor | (10 copies each of 5 best publications) |

NOTE:

INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT DEMAND DRAFT OF THE REQUIRED AMOUNT OR NOT ACCOMPANIED BY 10 COPIES EACH OF THE REQUIRED NUMBER OF 'BEST' PUBLICATIONS WILL NOT BE ENTERTAINED.

Date:

Place:

Signature of the candidate

DECLARATION BY THE CANDIDATE

Post applied for _____ at PGIMER, Chandigarh.

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof. I am not aware of any circumstance which might impair my fitness for employment under the Government.

Date:

Place:

Signature of the candidate

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

I _____ son/daughter/wife of _____
 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-Estt(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-Estt(SCT) dated
 08.09.1993 and modified vide Govt. of India, Department of Personnel and Training OM
 No.36033/3/2004-Estt(Res) dated 09.03.2004.

Place:
 Date:

(Signature of applicant)
 (in running handwriting)

***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.

**Candidates already employed should get the following endorsement
 signed by his/her present employer (appointing authority).**

1. Certified that Dr./Shri/Smt./Kumari _____ holds a
 post of _____ in this
 department/office/institution/ organization. I have no objection to his/her application
 being considered for the post.
2. Certified that he/she submitted his/her application to the department/ office/ institution/
 organization on _____ for onward transmission to the
 PGIMER, Chandigarh.

No. _____

Signature _____

Designation _____

Dated _____

Office Stamp _____

Detail of Parents/ Family:

	Name	Age	Occupation (if in service please mention Post/ Designation & Employer's Name)	Gross Monthly Income
Father				
Mother				
Spouse				
Child				

Date:

Signature of Applicant

ANNEXURE-I**LIST OF ENCLOSURES:** (Required under column 21 of the application)

S.No.	Particulars of enclosures	Marked page(s)
1.	Birth certificate	
2.	Matriculation certificate	
3.	B.Sc.	
4.	MBBS/B.D.S./M.Sc. certificate	
5.	M.D./M.S./M.D.S. certificate	
6.	D.N.B./D.M./M.Ch./Ph.D. certificate	
7.	Experience certificate(s)	
8.	Community certificate (SC, ST, OBC, PH)	
9.	Registration with Medical Council Certificate	
10.	Any other relevant certificate(s)	

ANNEXURE-II

**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH-160 012 (INDIA)**

Post applied for _____

SELF EVALUATION

(Require under Column 22 of the application)

Date:

Signature of candidate

**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH-160 012 (INDIA)**

1. Post applied for: _____

2. Full Name (BLOCK LETTERS):

(Surname) (First Name) (Second Name)

3. Date of Birth: () () ()

(Date) (Month) (Year)

4. Age: () () ()

(Yrs.) (Months) (Days)

5. Sex Male/Female

6. Whether belongs to: Gen. S.C. S.T. O.B.C. P.H.

(Please strike out which is not applicable)

7. Educational Qualifications:

a) Undergraduate Career

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/ Institution
M.B.B.S./B.D.S.				
1 ST Prof.				
2 nd Prof.				
3 rd Prof.				
Final Prof.				

b) Postgraduate Career

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/ Institution
M.D./M.S./M.D.S.				
D.M./M.Ch.				
D.N.B.				
M.Sc.				
Ph.D.				

8. Teaching/ Research Experience:

a) **Before obtaining Postgraduate Qualification:**

Post held (Indicate temporary/ permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Yrs.	mths.	days		

b) **After obtaining Postgraduate Qualification:**

Post held (Indicate temporary/ permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Yrs.	mths.	days		

9. Details of Prizes,
Medals, Scholarships &
National/ International
Awards etc.10. Additional qualification such
as membership of scientific society etc.

11. Publications:

NUMBER OF PAPERS

		Published	Accepted for publication	Presented at conference
		Indexed	Non indexed	
NATIONAL				
INTER-NATIONAL				

12. Chapter in books/books edited : _____

13. (a) Present employment/ post held : _____

(b) Pay Scale : _____

(c) Total emoluments drawn : _____

(d) Address of present employer : _____

14. Minimum pay acceptable : _____

15. Notice required before joining : _____

16. A paragraph of self evaluation regarding different fields of activity related to the job : _____

Date:

Place:

Signature of the candidate

SPACE FOR OFFICE USE:

1. Whether applied through proper channel? Yes/No

2. The candidate is within age limit/ overage by _____ Yrs _____ months _____ days

3. Remarks