

**ORAL HEALTH SCIENCES CENTRE
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,
CHANDIGARH**

APPLIED FOR THE POST OF _____

Name of the Applicant _____

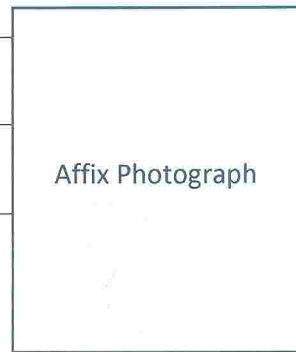
1. Father's Name _____

2. Date of Birth _____

3. Gender : M/F _____

4. Category: Unreserved / OBC / SC / ST

5. Educational Qualifications :



S.No.	Academic Qualification	Name of Institution	Board / University	Course Duration / Yr. of passing out	Division / Grade / % of marks.	Attempt

6. Experience :

S.No.	Designation	Name of Institution/Employer	From	To

7. Additional Training/Short course attended :

8. Award and Achievements (if any):

9. Contact Details :

a) Mailing Address _____

b) Permanent Address _____

c) Telephone Number(Res) _____ (Mob) _____

d) Email-ID _____

10. Documents to be enclosed : Self attested (Please Tick)

- a) Degree/Diploma/Certificate ()
- b) Experience Certificates ()
- c) Age Proof ()
- d) Any Other supporting document ()

11. Undertaking :

I hereby certify that all the information given above is true to the best of my knowledge.
If any of the above information is found to be incorrect at any stage, I shall be liable to be disqualified / terminated from the service.

Date : _____

Place : _____

Signature of the Applicant