



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



APPLICATION FORM

Department & Post Applied for : _____

1. Name (in Block Letter) : _____

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

3. D.O.B.: _____

4. Gender (Please Tick): Male _____ Female _____ Others _____

5. Age in Years _____ Months _____ Days _____ (As on the date of interview)

6. Nationality : _____

6. Aadhar No.: _____

7. Passport/Voter ID No. (Please specify) : _____

8. Whether SC/ST/OBC(Delhi)/DIVYANG : _____

9. Address (Permanent) : _____

10. Address for Correspondence : _____

11. Mobile No. : _____

12. Email address : _____

13. Current Registration No. with DMC/ Applied case I.D. No. with date : _____

14. Educational Qualification :

Name of Examination	% & Division of Marks	Board/ University	Month & Year of Passing	No. of Attempts
MBBS				
MD/ DNB/ DIPLOMA (Subject _____)				
Any Other Qualification				

17. Details of Experience (if any)

**Paste recent self
Attested Passport
size photograph of
candidate**

Residency	Name & Address of the Institute/ Hospital	Period of Residency	
		Adhoc Basis From/ To	Regular Basis From/ To
Junior Resident			
Senior Resident			

18. Whether any Leave encashment have been taken during the residency period as above: (Yes/ No)

If yes, No. of days _____ & period of Leave encashment _____

18. Any other information you wish to submit : _____

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.

1. **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:

Place:

(NAME AND SIGNATURE OF THE APPLICANT)