

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	d for :					
1.	Name (in Block Letter) :						
2.	Father's/ Husband's Na				Paste recent self Attested Passport size photograph of		
3.					candidate		
4.	Gender (Please Tick):	MaleF	emaleOther	S			
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 Correspond	lence :					
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		
Μ	IBBS						

)

MD/ DNB/ DIPLOMA

Any Other Qualification

(Subject

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