

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 Applie	d for :			
1.	Name (in Block Letter)	:			
2.	Father's/ Husband's Na	me :			Paste recent self Attested Passpor size photograph of
3.	D.O.B.:				candidate
4.	Gender (Please Tick):	MaleF	emaleOthers		
5.	Age in Years	Months	Days (As o	on the date of inte	erview)
6.	Nationality :				
6.	Aadhar No.:				
7.	Passport/Voter ID No. (Please specify)	:		
8.	Whether SC/ST/OBC(D	elhi)/DIVYANG	:		
9.	Address (Permanent) :				
10. 11.	Address for Correspond				
	Mobile No. :				
12. 13.	Email address : Current Registration No. with DMC/ Applied case I.D. No. with date :				
14.	Educational Qualification	-	pilod dddd ii.D. 116. 1		
	Name of Examination	% & Division of Marks	Board/ University	Month & Year of Passing	No. of Attempts
ME	BBS				
	D/ DNB/ DIPLOMA bject)				
An	y Other Qualification				

17. Details of Experience (if any)

Name & Address of

Residency

Residency	the Institute/ Hospital	r eriod of Residency				
	montato, mospitai	Adhoc Basis From/ To	Regular Basis From/ To			
Junior Resident						
Senior Resident						
18. Whether an	Whether any Leave encashment have been taken during the residency period as above: (Yes/ No)					
If yes, No. o	f days& period of Leav	re encashment				
18. Any other in	ny other information you wish to submit :					
and correct facts being t	DECL reby solemnly declare and affirm to the best of my knowledge and ound untrue/ false/ incorrect my ther action deemed fit in this regard.	nd belief. I understand they candidature is liable to	at in the event of any information be cancelled/ terminated besides			

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.

completion of contract period of tenure. I shall abide by the terms and conditions as prescribed.

Date:

Place:

(NAME AND SIGNATURE OF THE APPLICANT)

Period of Residency