

CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute under Govt. of NCT of Delhi)

Affiliated to GGSIP University

Geeta Colony, Delhi - 110031



APPLICATION FORM

L	pepartment & Post Applied	3 IOI :				
1.	Name (in Block Letter) :				Doots recent or	
2.	Father's/ Husband's Na	me :			Paste recent se Attested Passpe size photograph	
3.	D.O.B.:				candidate	
1.	Gender (Please Tick):	MaleF	emaleOthers	3		
5.	Age in Years	Months	Days (As	on the date of inte	erview)	
6.	Nationality :					
7.	Aadhar No.:				·	
3.	Passport/Voter ID No. (Please specify)	:			
9.	Whether SC/ST/OBC(Delhi)/DIVYANG :					
10.	Address (Permanent):					
11.	Address for Correspond					
12.	Mobile No. :					
13.	Email address :					
L4.	Current Registration No					
15.	Educational Qualificatio	n:				
	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)

Residency

Name & Address of

Any other information you wish to submit:

Residency	the Institute/ Hospital	T criod of Residency				
	and meaning, morphism	Adhoc Basis From/ To	Regular Basis From/ To			
Junior Resident						
Senior Resident						
18. Whether any	Whether any Leave encashment have been taken during the residency period as above: (Yes/ No					
If yes, No. of	days& period of Lea	ve encashment				

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.
- 2. **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:

19.

Place:

(NAME AND SIGNATURE OF THE APPLICANT)

Period of Residency