	CHACHA NEHRU BAL CHIKITSALAYA (An Autonomous Institute under Govt. of NCT of Delhi) Affiliated to GGSIP University Geeta Colony, Delhi - 110031					
	APPLICATION FORM					
	Department & Post Applied for :					
1.	Name (in Block Letter) :	Deste mesent self				
2.	2. Father's/ Husband's Name : Attested Pass size photograp					
3.	D.O.B.:	candidate				
4.	Gender (Please Tick): Male FemaleOthers					
5.	Age in Years Months Days (As on the date of	f interview)				
6.	Nationality :					
7.	Aadhar No.:					
8.	Passport/Voter ID No. (Please specify) :					
9.	Whether SC/ST/OBC(Delhi)/DIVYANG :					
10.	Address (Permanent) :					
11.	Address for Correspondence :					
12.	Mobile No. :					
13.	Email address :					
14.	Current Registration No. with DMC/ Applied case I.D. No. with date :					

15. 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)

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 ______

19. 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.

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:

Place:

(NAME AND SIGNATURE OF THE APPLICANT)