A .d.	No.	SHKM/	Doott/	2020/0	1
Adv.	NO.:	SHKWI	Kectt/	ZUZU/U	12

APPLICATION FORM

Category No					Challan / IPO	O/ DD No.:		
Application for the pos	t of			Dated://				
Department:				Issuing authority:				
1. Name of Candidate (i (As per Matriculation / I								
2. Father's Name (in bl	ock letter)					Paste your		
3. (a) Permanent Address						passport size recent		
(b) Correspondence A						duly attested		
Contact No/ Mobile No	o (Mandatory)		+91					
Alternative Cont	act No.		+91					
4. E-mail id (Mandatory	<i>y</i>)							
5. Date of Birth:	//19							
Age: YearsMo	nthsl	Days	(As o	n last date o	of submission	of application)		
6. Marital Status		Spo	ouse (job/qua	dification):_				
6. Marital Status7. Category: Unreserve			ouse (job/qua			of Haryana only.		
7. Category: Unreserve	ed / GC							
	Month & Year of Passing /	Duration in days/months/	or Reserved		Maximum Marks			
7. Category: Unreserve 8. Examination Passed Name of the	ed / GC : Month & Year of	Duration in days/	No. of extra	(specify):_	Maximum	of Haryana only. Name of Institution/		
7. Category: Unreserve 8. Examination Passed: Name of the Examination	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	of Haryana only. Name of Institution/		
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	of Haryana only. Name of Institution/		
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	of Haryana only. Name of Institution/		
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	of Haryana only. Name of Institution/		
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	of Haryana only. Name of Institution/		
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof.	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	of Haryana only. Name of Institution/		
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof.	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	of Haryana only. Name of Institution/		
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof.	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	of Haryana only. Name of Institution/		
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	of Haryana only. Name of Institution/		
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final Part-II	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	of Haryana only. Name of Institution/		
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final Part-II B) Internship	Month & Year of Passing / Completion	Duration in days/months/	No. of extra	(specify):_	Maximum	of Haryana only. Name of Institution/		

9. Particulars of House Job / Experience:-

S.NO	Name of medical college/	Specialty	Date of	Date of	Duration
	Hospital		Joining	Relieving	
1					
2					

10. Post Graduate Qualification:

- CD /		37 C	D . C	.	ъ .	
Name of Degree/	Name of Institution/	No of extra	Date of	Date of	Duration in	Aggregate
Diploma	University	attempt	Joining	Passing	dd/mm/yy	%age
i) PG Diploma						-
, - r						
ii) PC Dagraa						
ii) PG Degree						
iii) DNB/						
others(i.e. M. Sc)						
, ,						
iv) Additional						
Qualifications i.e.						
D.M/ M.Ch/ Ph. D						
D.M/ MI.CII/ PII. D						

11. Particulars of Post PG Experience (In MCI Recognised/ Approved Medical College/Institute only):-

S.NO	Name of Medical	Specialty/	Date of	Date of	Duration in
	College/Teaching Institute	Designation	Joining	Relieving	days/months/yrs
1					
2					
3					

12. ACADEMIC ACHIEVEMENTS:

•	Best graduate (1st in aggregate in all profs. Exams combined)	YES/NO
•	2 nd Best graduate (1 st in aggregate in all profs. Exams combined)	YES/NO
•	1st position in any subject in University exams (During Graduation)	YES/NO
•	2 nd position in any subject in University exams (During Graduation)	YES/NO
•	PG Degree with Distinction/ Any Medals	YES/NO

13. RESEARCH ACHIEVEMENTS:

(1) **PUBLICATIONS:**

a) Paper published /accepted for publication in an indexed international journal.

S. No.	Title of Article / Case report	ISSN No. and Name of the Journal and Publisher (published / accepted)	Indexing of the journal e.g. Pub med	As 1 st author/ 2 nd author OR Co- author	Designation while publishing
1					
2					
3					
4					
5					

b) Paper published / accepted for publication in an **Indian** and **State Journal with ISSN No.** (Abstract of Paper presented in a conference will not be counted as a publication)

S. No.	Title of Article / Case report (As 1st author or Co- author)	ISSN No. and Name of the Journal whether published /accepted (mention the edition)	Designation while publishing
1			
2			
3			
4			
5			

14. EXTRACURRICULAR ACTIVITIES:

A) Sports And Cultural Activities (colours / athletic meet/ cultural meet)

S. No.	Name of Sport/ Cultural Event	Level whether International/ National/ Interuniversity/ University (inter-college)	Position First/ Runner up
1			
2			

B) Blood Donation: (at Medical College/Govt./Red Cross Blood Banks onl
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15.	Are	you:

 a) A citizen of India by birth or by domicile 	·	
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- b) A person having migrated from Pakistan with the intension of permanently setting in India or a subject of Nepal of Sikkim or Subject of a Portuguese in India
- c) *Scheduled Caste of Haryana
- d) *Backward Class candidate of Haryana
- e) *Ex-serviceman/Serving Soldier _____

Certificate to this effect from competent authority should be attached.

	of Nepal of Sikkim or Subject of a Portuguese in India
	*Answer "Yes" or "No" and cancel the words which are not applicable.
17.	Are you a Government Servant? If yes, whether 1) Permanent or Temporary
	2) Designation/Post
	3) Govt./Private
	4) Present pay and allowance
18.	Have you ever been disqualified by
	a) Union Public Services Commission
	b) Haryana Public Service Commission
	c) Any other State Public Service Commission
	d) Any other Govt. Department, if yes full particular and post held, reason for removal/dismissal with period.
19.	Have you ever been removed / dismissed from Govt. Service or compulsory retire, if so full details be given?
20.	Are you willing to accept the minimum initial pay offered? If not, what lowest initial pay would be acceptable?
21.	If selected what notice would you required for joining?
22.	Give below the names of two persons who are in a position to testify from personal knowledge you fitness for
	post (they must not be related to you)

A person having migrated from Pakistan with the intension of permanently setting in India or a subject

16. Is or was you father*

a)

b)

A citizen of India by birth or by domicile.

Address _____

SIGNATURE OF APPLICANT

Address _____

DECLARATION

I	s/o/d/o/w/o
	hereby declare that information given below is correct to the best of my by
 1. 2. 3. 	That all the degrees/diploma/Other educational qualification/experience constituting essential qualification, as per the advertisement, submitted by me in support of this application are recognized by Medical/Dental Council of India or such body as is competent to recognize such a degrees/diploma/Other educational qualification/experience in India. That I possess the requisite experience, as per the advertisement for the post that I have applied for from an institution recognized by the competent body in India. That if at any stage, this declaration is found to be false than the interview and all subsequent actions to it may be considered void ab-initio besides any such administrative or legal action by competent authority deemed for, including recovery of financial loss sustained due to the false declaration.
Pla	ce:
Dat	e: SIGNATURE OF APPLICANT
Lis	t of enclosures:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
Ple	ase write your complete correspondence address:
Na	me
Ad	dress

Pin Code