

Directorate of Research and Medical Education,
Punjab

S.C.O. No.87, Sector 40-C, Chandigarh



Advt. No _____

NOTE:

I. TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY TYPED, SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.

II. BRIEF OF CANDIDATE FOR DIRECT RECRUITMENT TO BE SUBMITTED IN DULY TYPED

Post applied for: _____

1. (a) Full Name (BLOCK LETTERS) _____

(b) Sex: Male/Female

(c) Marital Status: Married/Unmarried

2. Father's/Husband's Name _____

3. (a) Mailing Address: _____

Tel No: _____ PIN: _____

Fax No: _____ Mobile No: _____

(b) Permanent Address: _____

Tel No: _____ PIN: _____

Fax No: _____ Mobile No: _____

4. (a) Date of Birth: ____/____/____ in DD/MM/YEAR

(b) Age: Years Months Days

5. Whether belong to Gen S.C. (Please strike out which is not applicable) (Attach attested copy of certificate on the proforma prescribed by Government Of Punjab)

6 State of Domicile: _____

7 Nationality: _____ Religion: _____

8 (a) Registration No with the Medical Council: _____

(b) State in which registered: _____

9 Educational Qualifications:

(Please attach self-attested copies of certificates/degrees in support of your qualifications)

(a) Undergraduate Career

Examination Passed	Year of Passing	No of attempts	Total Marks	Marks Scored	%	University
M.B.B.S./B.D.S.						
1 st Prof						
2 nd Prof						
3 rd Prof						
Final Prof						

(b) Postgraduate Career

Examination Passed	Year of Passing	No of attempts	Total Marks	Marks Scored	%	University
M.D./M.S/M D S						
DM /M Ch.						
D.N.B						

10 Teaching/ Research Experience

(Please attach self-attested copies of experience certificates)

(a) Before obtaining Postgraduate Qualification:

Post held (Indicate Temporary/ Permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Years	Months	Days		

(b) After obtaining Postgraduate Qualification:

Post held (Indicate Temporary/ Permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Years	Months	Days		

11. Details of Prizes, Medals, Scholarships & National/ International Awards etc. _____

12. Additional qualification such as membership of scientific society etc. _____

13 Research experience, if any, together with details of published works in indexed journals

Number of Papers

	Published		Accepted for publication	Presented at conference
	Indexed	Non Indexed		
National				
International				

14. Chapter in books/books edited _____

15 (a) Present employment/ post held _____

(b) Pay Scale _____

(c) Total emoluments drawn _____

(d) Address of present employer _____

16 If selected, what notice would you require before joining _____

17 Have you been outside India for Academic Purpose? If so, give following information _____

Country Visited	Period		Total Period			Purpose of Visit
	From	To	Years	Months	Days	

18 State the foreign languages you know:

S.No.	Foreign Language	Can read	Can write	Can Speak

19 Give below the names/ particulars of two referees from your speciality who are in a position to testify from personal knowledge to your fitness for the post:

(a) _____

(b) _____

Note: i. You should have worked with one of the referees for atleast two years.

ii. They must not be related to you.

iii. They must not be members of the Selection Committee of the Institute.

20 Self-evaluation of your work, particularly its strengths in different fields of activity including patient-care, teaching research and administrative, related to the job, which, in your view, entitles you to the post applied for may be given

21 I attach attested copies of certificates/ degrees in support of age, category, and qualification and experience etc as per list enclosed

Note: Incomplete Application will not be entertained

Date.

Place

Signature of the candidate

DECLARATION BY THE CANDIDATE

Post applied for _____

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof. I am not aware of any circumstance which might impair my fitness for employment under the Government.

Date.

Place

Signature of the candidate

Candidates already employed should get the following endorsement signed by his/her present employer (appointing authority).

1. Certified that Dr /Shri/Smt/Kumari_____ holds a post of _____ in this department/office/institution/ organization I have no objection to his/her application being considered for the post.
2. Certified that he/she submitted his/her application to the department/ office/ institution/ organization on _____ for onward transmission to the Department of Medical Education & Research

No: _____

Dated: _____

Signature _____

Designation _____

Office Stamp

Self-Appraisal:

LIST OF ENCLOSURES:

S.No	Particulars of enclosures	Pages Marked
1.	Proof of Date of Birth	
2.	MBBS/B D S/M Sc certificate	
3.	M.D./M.S/M DS certificate	
4.	D.N.B /D.M./M Ch./Ph.D. certificate	
5.	Experience certificate(s)	
6.	SC certificate (if applicable)	
7.	Registration with Medical Council Certificate	
8.	Any other relevant certificate(S)	
9.	NOC from Present Employer	

**Directorate of Research and Medical Education, Punjab
S.C.O. No.87, Sector 40-C, Chandigarh**

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3. Age: Years Months Days

4 Sex: Male / Female

5. Whether belong to Gen S.C. Please strike out which is not applicable)

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(d) Address of present employer _____

13 A paragraph of self-evaluation regarding different fields of activity related to the job)

Date.

Place

Signature of the candidate

SPACE FOR OFFICE USE:

1. Whether applied through proper channel Yes/No
2. The candidate is within age limit/ overage by _____ Yrs _____ months _____ days
3. Remarks