

DAYANAND MEDICAL COLLEGE & HOSPITAL LUDHIANA



APPLICATION FORM

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PLEASE WRITE IN BLOCK LETTERS

Post applied for _____ Speciality _____

1. Applicant's Name : _____
2. Date of Birth : _____
4. Father's Name : _____
5. Mother's Name : _____
6. Nationality : _____
7. Marital Status : _____

8. Educational / Academic Qualifications : (Graduation onwards) in chronological order.
(Certificates from competent authorities must be attached with the application stating that the MBBS/MD/MS etc. degrees obtained by the candidate are duly recognized by the Medical Council of India).

Degree / Diploma	Subject (for PG course only)	Year of Passing	Attempt	Institute	University

9. Work experience, in chronological order. (All experience quoted below must be supported by certificates from competent authorities, attached with the application).

Designation	From	To	Duration	Employer/ Institution	Reasons For leaving

10. Central / State Medical Council with which the applicant is registered : _____

Registration No. and date : No. _____ date _____

11. Permanent Address : _____

City _____ State _____

STD Code _____ Phone No. _____

Correspondence address : _____

City _____ State _____

STD Code _____ Phone No. _____

Mobile _____ Fax _____

E-Mail _____

SOLEMN DECLARATION:

I hereby solemnly declare and affirm that the information given on this form is true, complete and correct to the best of my knowledge and belief and that I have not withheld or misrepresented or concealed any thing which would affect my employment in the institution. I also understand and agree that if any information is found to be false or incorrect, at any stage, my employment shall be liable to summary termination, without prior notice or any compensation.

Date _____

(Signature of the applicant)

Place _____

Please bring attested photostat copies of the following documents at the time of Interview:

Receipt of fee of application form
Complete Bio-data
Proof of Date of Birth
MBBS First Professional Marks Sheet
MBBS Second Professional Marks Sheet
MBBS Final Professional (Part-I) Marks Sheet
MBBS Final Professional (Part-II) Marks Sheet
Internship completion certificate
Character & attempt certificate
MBBS Degree
M.D/M.S Degree & Pass out Certificate
Certificates regarding MCI approval of degrees
Permanent Registration Certificate (UG qualification)
Permanent Registration Certificate (PG qualification)
Experience Certificates
No Objection Certificate from previous employer
PAN Card
Photo ID