

Department of Health and Family Welfare, Punjab
Parivar Kalyan Bhawan, Sector 34, Chandigarh

Affix attested
 Passport Size
 Photograph
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Name of the Post:.....

1.	Registration No.	:		2.	Roll No.	:	
3.	Name	:		4.	Father's Name	:	
5.	Mother's Name	:		6.	Nationality	:	
7.	Date of Birth	:		8.	As on 01/01/2011	:	
9.	Do you claim age relaxation (Y/N)	:		10.	If Yes mention relevant category	:	
11.	Gender (M/F)	:		12.	Marital Status (Married/ Unmarried)	:	
13.	Category in which applied Category (Gen/ SC/ BC/F.F./Ph. Hand.)	:		14.	Sub Category (Sports/ Ex. Servicemen)	:	
15.	Rank in written test	:		16.	Marks obtained in written test	:	
17.	Contact No.	:		18.	E-mail address	:	
19.	Correspondence Address (in block letters)	:					
20.	Permanent Address (in block letters)	:					

21. Educational Qualification

Examination passed	Year of Passing	Name and Address of School from which 8 th class and 10 th class passed	Board/ Univ.	Marks Obtained	Total Marks	%age	Whether School located in Urban/ Rural area
8 th							
10 th							
12 th							

22. Professional Qualification

Sr. No.	Examination Passed	Month & Year of Passing	Board/ University	Marks Obtained	Total Marks	%age
1.	1 st Prof.					
2.	2 nd Prof.					
3.	3 rd Prof (I)					
4.	3 rd Prof (II)					
			Total			

23. Internship Completion:

A) Period of internship from..... to

B) Name of the Institute/ Hospital.....

24. Registration No. Date of

Registration:.....

(Name of The

Council).....

25. Higher Qualification, if any:

Sr. No.	Examination Passed	Month & Year of Passing	Board/ University	Marks Obtained	Total Marks	%age
1.						
2.						
3.						
4.						

26. Experience:

Sr. No.	Department/ Organization	Post held	Name of Office/ Institution	From	To	Remarks

27. Have you passed Punjabi upto Matric or its equivalent standard

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28. Declaration:

I hereby declare that:-

- a) All statements made in this application and online form already submitted are true, complete and correct to the best of my knowledge belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection action can be taken against me by the department.
- b) I fulfill all conditions of eligibility as given in the advertisement and other relevant instructions.

Place:

Dated:.....

Signature of Candidate

Encl:

	For Office use only	