



**CHACHA NEHRU BAL CHIKITSALAYA**  
*(An Autonomous Institute under Govt. of NCT of Delhi  
Affiliated to Delhi University  
Geeta Colony, Delhi - 110031*



**APPLICATION FORM**

Department & Post Applied for : \_\_\_\_\_

1. Name (in Block Letter) : \_\_\_\_\_

2. Father's/ Husband's Name : \_\_\_\_\_

3. D.O.B.: \_\_\_\_\_

4. Gender (Please Tick): Male \_\_\_\_\_ Female \_\_\_\_\_ Others \_\_\_\_\_

5. Age in Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ (As on the date of 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<br>(Subject _____) |                       |                   |                         |                 |
| Any Other Qualification             |                       |                   |                         |                 |

17. Details of Experience (if any)

**Paste recent self  
Attested Passport  
size photograph of  
candidate**

| 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)**