

16. Address :

A) Permanent Address : _____ _____ _____ Contact Telephone No. with STD Code _____ Mobile No.: _____ E-mail: _____	B) Corresponding Address : _____ _____ _____ Contact Telephone No. with STD Code _____ Mobile No.: _____ E-mail: _____
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17. Do you belong to Scheduled Caste/Tribe? : _____
If yes, state your Cast and religion (Attach proof)

18. Married or Unmarried : _____
(If married, wife/husband name and occupation)

19. Nationality : _____

20. State/Union Territory to which you belong : _____

21. Are you employed if yes, give the following details :

- a) **Date of Joining as regular service** : _____
- b) **Nature of job (Permanent/Contractual)** : _____
- c) **Name of the Institution/Hospital Govt./ Semi Govt./ Pvt.** : _____
- d) **Designation** : _____
- e) **Pay Scale** : _____
- f) **Name of employer** : _____

22. Are you being sponsored/deputed by your employer? if sponsored, the application must be accompanied with sponsorship, deputation certificate in the form printed at Annexure 'B' : _____

23. Have you any contact person/guardian in Chandigarh. If so, mention his/her address Telephone No., If any. : _____

INTERNSHIP CERTIFICATE

(To be submitted by the candidate whose Internship is complete or likely to be completed by 30th June/31st Dec for July & Jan session respectively.)

Certified that Dr. _____ has undergone/presently been undergoing 12 -months compulsory Rotating Internship Training at _____ college which started on _____ and has completed or is likely to be completed on _____

Place : _____

Date : _____

Signature & Seal of Dean/Registrar/Principal/
Medical Superintendent of the Institution from
where the candidate or is undergoing internship.

DECLARATION BY CANDIDATE

- 1. I hereby declare that the application has been filled in my own handwriting and all statements made in it are true, complete, and correct to the best of my knowledge and belief and nothing has been concealed. In the event of any statement being found false or incorrect or any ineligibility being detected before or after the selection, action as such removal of my name from the rolls and / or other action as may be considered necessary can be taken against me.
- 2. I also declare that I have carefully read the contents of the Prospectus in respect of the course applied for by me and undertake to abide by the provision contained therein.
- 3. I further declare that I fulfil all the eligibility conditions regarding educational qualification, experience etc. prescribed by the Institute for admission to the course applied for by me.
- 4. If selected :
 - (a) I agree to work on whole time basis:
 - (b) I shall not engage myself in private practice or part time job during the period.
 - (c) I shall not draw any pay, fellowship or any kind of monetary assistance from any other sources, if I am allowed emoluments by the Institute.

Place _____

(_____)

Date _____

Signature of the applicant

DECLARATION BY THE FATHER/GUARDIAN OF THE APPLICANT

I hereby declare that I shall be responsible for timely payment of all dues payable to the Postgraduate Institute of Medical Education & Research, Chandigarh in respect of my son/daughter/ward(name _____) during the period of his/her stay at the institute and until their dues are cleared.

Address _____

(_____)

Signature

Relationship to the applicant)

ENDORSEMENT BY THE EMPLOYER, IF THE APPLICANT IS IN SERVICE

No.....

Date

Forwarded to the REGISTRAR, Postgraduate Institute of Medical Education and Research, Chandigarh for consideration. The undersigned has no objection to the applicant of Dr. _____ being considered by the Institute for the course applied for by him/her and if selected, he/she will be relieved within, the prescribed time limit. The applicant is "sponsored /deputed or not sponsored /deputed by us and the sponsorship/deputation - certificate is enclosed.

Address _____

Signature of employer

with official seal

*Strike out whichever is not applicable

RECOMMENDATION FROM CONCERNED FACULTY MEMBER

I Dr. recommended Mr./Ms./Mrs./Dr..... to submit application for Ph.D. Programme under my guidance.

Signature of the faculty
with official seal

[TO BE FILLED BY APPLICANTS FOR Ph.D PROGRAMME]

CERTIFICATE IS APPLICABLE TO THE CANDIDATES WORKING
UNDER THE INVESTIGATOR OR THE RESEARCH SCHEME
SANCTIONED IN PGI

Certified that Sh/Ms _____

Son/daughter of Sh. _____ who is applying for the Ph.D
programme of Postgraduate Institute of Medical Education and Research, Chandigarh is working under me since
_____ as research empolyee in the research scheme entitled:-

The research Project under which he/she is working will continue for a minimum period of three to five years. I have no
objection to his/her application being considered for Ph.D programme at PGI, Chandigarh.

His/her work and conduct are satisfactory

Signature of Investigator of the Research Scheme

(Name in Block Capital Letters)

Designation _____

Official Seal _____

RECOMMENDATION OF HEAD OF DEPTT.

**APPLICATION MUST BE TAGGED PROPERLY & ALL THE ENCLOSURES MUST ACCOMPANY
THE APPLICATION IN SEQUENCE AS PER THE ENCLOSURE LIST GIVEN BELOW**

Please stapled
three extra
Passport size
coloured
photographs here

Documents

Enclosure No.

1. Attested copy of Matriculation / Higher Secondary Certificate Showing Date of Birth _____
2. Attested copy of Certificate of passing MBBS/BDS/M.Sc./M.A M Pharma examination _____
3. Attested copy of detailed marksheets of qualifying examination _____
4. Internship completion certificate (who possesses MBBS/BDS Qualification) _____
5. Attested copy of Certificate of permanent Registration with Central / State Medical Registration Council / Dental Council of India _____
6. Attested copies of following Certificates (See performas in Prospectus) whatever applicable _____
 - i) Caste Certificate in Prescribed Form
 - SC/ST (Annexure 'A' (in Hindi or English Version only)
 - ii) Sponsorship Certificate (Annexure 'B')
7. Two self addressed envelopes of size 10x23 cms. Rs. 10/- Postage stamp on each envelope for use by this office for sending interview letter etc. _____
8. Attach a copy of Challan Form _____

For Gen/Spon/FNcandidates : 1000/-
For SC/ST candidates : 800/-

Note:

Students having their own fellowship are required to appear for departmental interviews without going through the entrance examination procedure.

IMPORTANT NOTE

In case any candidate is found to have supplied false information of certificate etc. or is found to have concealed or withheld some information in his/her application form, He/she shall be debarred from admission.

Any other action that may be considered appropriate by the Director of the Institute may also be taken against him/her which may include criminal prosecution.

Date _____

Place _____

No. of Enclosures : _____

Signature of the Candidate