



**APPLICATION FORM OF DOCTORS FOR TRAUMA CENTRES
PLEASE FILL THE FORM IN BLOCK LETTERS**

Affix attested
recent
passport
size
photograph

Post applied for _____

1. Name _____
2. Father's Name _____
3. Address for Correspondence _____

4. Permanent Address (in block letters) _____

5. Contact No./ Mobile No. _____
6. Date of Birth _____
7. Do you belong to the Reserve Category
If so specify and attach certificate copy. _____
8. Under which Category are you applying ?
(Gen/SC/BC/ESM/Sports) _____
9. Nationality _____
10. Marital Status (Married/ Unmarried) _____
11. Sex (Male/Female) _____
12. Have you passed Punjabi up to matric or
its equivalent standard- Yes or No _____

13. Qualifications:

Examination Passed	Board/ University	Month & Year of Passing	No. of attempts	Total Marks	Marks Obtained	Percentage of Marks	Status of MCI recognition (Attach proof)
MBBS detail Year wise.							
MBBS Total detail							
MD/MS/Diploma							

**14. Experience: if any
(Attach Employer's Certificate)**

Post held	From	To	Total period	Employer's address

15. Gold Medal if any (proof to be attached) _____
16. Details of Publication in National/ International Medical Journals (proof to be attached) _____

DECLARATION:

I hereby declare that:-

- 1 (a) All statements made in this application are true, complete and correct to the best of my knowledge and 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 Government/ Department, including termination of employment and prosecution.
- (b) I fulfill all conditions of eligibility as given in the advertisement and other relevant instructions. Also I have read the terms and conditions.

Signature of applicant

Place: _____

Date: _____

Enclosures: 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

(Please read the instructions carefully before filling up the forms)