

APPLICATION FORM FOR TEMPORARY POSITION OF PEDIATRICIAN CONSULTANT

Affix your recent colored self-attested

Advertisement No.....

Application for.....

1. Name in full (IN BLOCK LETTERS)

2. Please Tick: Male..... Female:

3. Please Tick: Married..... Unmarried:

4. Father's/Husband's Name.....

5. Mother's Name.....

6. Date of Birth (DD/MM/YYYY).....Place of Birth.....

Age (As on _____): Years..... Months.....Days.....

7. (a) Postal Address.....

.....

.....PIN CODE.....

Phone No :(with STD code).....Mobile No.....

E-mail

(b) Permanent Home Address.....

.....

..... PINCODE.....

8. Are you a citizen of India (By birth or by domicile)

9. State 'Yes' if you are Person with Benchmark Disability or are a member of Scheduled Caste/Scheduled Tribe/ Other Backward Class: *(If Yes, Attach an attested copy of the prescribed certificate)*

Person with Benchmark Disability	Scheduled Caste	Scheduled Tribe	Other Backward Class-NCL	EWS

10. Educational/ Professional Qualifications (Class 10th Onwards):

Exam. Passed/ Degree	Division/ Grade & % age of marks	Year of Passing	Duration of the Degree, etc.	Board/ University	Subject(s)

11. Details of Work Experience (in chronological order): -

Organization	Designation	Emoluments	Duration (Exact dates to be given)		Total period (in years)	Nature of duties & their Relevance with this position area
			From	To		

12. Is any of your close relative is working in IISER Mohali or an applicant for a job (Write Yes/No) _____ If yes, kindly provide details (Name and designation of relative working in IISER Mohali/Applicant) _____

13. Other Information:

- a) Have you ever been punished or convicted by a Court of Law? _____
(Write Yes/No)
- b) Do you have any case pending against you in any Court of Law? _____
(Write Yes/No)

DECLARATION BY THE APPLICANT

I, _____ hereby declare that the statements made in the application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility detected before or after engagement for the work, the candidature/engagement would stand automatically null and void.

Place:
Date:

Candidate's signature _____

Full name _____