



PUNJAB HEALTH SYSTEMS CORPORATION

State Institute of Health and Family Welfare Complex
Phase-VI, Near Civil Hospital, Sahibzada Ajit Singh Nagar (Mohali), Punjab.
Phone : 0172-2262938, 2263938, Tele-Fax : 0172 - 2266938

(For Office Use) Form No:.....

Application for the post of _____

Post Type: Regular Deputation

PERSONAL INFORMATION: (in Block Letter only)

Passport size
photograph.

- Name: _____
- Father/Husband's name _____
- Permanent Address _____

- Corresponding Address _____

- _____
- Contact/Mobile No. _____
 - Date of Birth (Attach Matriculation Certificate) _____
 - Sex: Male () Female ()
 - Marital Status Single () Married ()
 - E-Mail _____
 - Languages known: Hindi () English () Punjabi () Other Language ()
 - Educational qualifications (From Matric onwards)
(Please attach self attested photocopies of all the testimonials)

| Sr. No. | Qualifications (Full Name) | University/ Board | Subjects studied | Percentage of marks obtained | Year of Passing | Remarks |
|---------|-------------------------------|----------------------|---------------------|------------------------------------|--------------------|---------|
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• **Experience:**

| Sr. No. | Name of Organization | Designation | Period | | Exp in year |
|---------|----------------------|-------------|--------|----|-------------|
| | | | From | To | |
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Computer Skill:

Special Achievements, if any (Attach proof)

List of documents attached:

1. _____.
2. _____.
3. _____.
4. _____.
5. _____.

I hereby declare that:

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. The State Govt. shall be fully authorized to terminate my services and also initiate any action deemed appropriate.

Signature of the applicant: _____ Date: _____.

For Office Use Only

Application Form No.....

Scrutiny Committee Remarks:

Signature