



KALPANA CHAWLA GOVT. MEDICAL COLLEGE & HOSPITAL, KARNAL

APPLICATION FORM

Advt. No. 02/2023

Application for the post of \_\_\_\_\_

Email ID: \_\_\_\_\_ Mob. No. : \_\_\_\_\_

Affix passport size  
photograph duly  
attested

1. Name of Applicant (in block letters) \_\_\_\_\_

(As per Matriculation/Hr. Secondary or any equivalent exam certificate)

2. Father/Husband name (in block letters) \_\_\_\_\_

3. Mother's name (in block letters) \_\_\_\_\_

4. Aadhar No. of the Candidate : \_\_\_\_\_

5. Age: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_

7. Gender (Male/Female) (Please tick)

8. Marital Status (Married/Unmarried) (Please tick)

9. Category (Tick the applicable category)

UR

SC

BC 'A'

BC 'B'

EWS

ESM

PH

10. Complete Postal Address: \_\_\_\_\_

Mob. No.: \_\_\_\_\_ Email: \_\_\_\_\_

11. Examination Passed:

Name of the Examination	Month & Year of Passing	No. of Extra Attempts	Marks Obtained	Maximum Marks	%age/GPA	Distinction or Prize, if any
MBBS/BDS						
MD/MS/DNB/Diploma/MDS						
PG equivalent qualification (in case of non medical)						
Total						

12. Additional Experience, if any, in the specialty concerned (in Govt./Semi Govt./Private Institution recognized/approved by NMC/DCI/INC etc. over and above that required for eligibility. If any (please tick)

Yes  No

If Yes, detail thereof:

Name of Employer	Date of Joining	Date of Leaving	Name of the Posts Held	Reason for Leaving

13. Extracurricular activities during UG/PG career

- Sports and cultural activities (medals, prizes) : \_\_\_\_\_
  - Blood donation : \_\_\_\_\_
  - Publication etc. : \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

14. Application Fees (in Rs.) \_\_\_\_\_ Demand draft No. \_\_\_\_\_  
Dated: \_\_\_\_\_ Issuing Bank: \_\_\_\_\_

15. List of Documents attached :

**Undertaking:** - I do hereby declared, that the above contents of mine are true and correct to the best of my knowledge and nothing has been concealed therein. If any information found incorrect I will be liable to cancellation of candidature as well as legal proceedings.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

*Signature of Applicant*  
(Full Name)

**DOCUMENTS CHECK LIST FOR SENIOR RESIDENTS**

Name:- \_\_\_\_\_

Mobile No. \_\_\_\_\_

Sr. No.	Documents attached alongwith application form	Checked
1	DD/IPO/POS Receipt Rs. -	
2	Caste Certificate (for reserved category, if any)	
3	NMC/SMC Registration	
4	MBBS, MS/MD, M.Sc. Degree	
5	Detailed Mark Sheets in MBBS/MD/MS (year wise)	
6	Date of Birth Certificate/ 10 <sup>th</sup> class mark sheet	
7	Internship Completion Certificate	
8	Attempt Certificate	
9	Experience Certificate	
10	*Other Achievements Certificate	
11	Aadhar Card	