



CHACHA NEHRU BAL CHIKITSALAYA

*(An Autonomous Institute under Govt. of NCT of Delhi)
Affiliated to Delhi University
An Associate Hospital of Maulana Azad Medical College*



Geeta Colony : Delhi - 110031

**CORRIGENDUM TO THE RECRUITMENT NOTICE FOR THE TRAINING
FELLOWSHIP IN CHACHA NEHRU BAL CHIKITSALAYA**

Refer this hospital recruitment notice for the training fellowships in this hospital please add to read the maximum age limit for the candidates applying for the said fellowship is 40 years. The age relaxation for SC/ST, OBC (Delhi) and for Physically Handicapped candidates is as per rules. The cut of date of age limit is 31.12.2016.

Sd/---

(Dr. Anup Mohta)
Director

APPLICATION FORMAT

1. Department of fellowship applied for: _____
2. Name (In block letters) _____
3. Date of birth _____
4. Category (Gen/OBC/SC/ST/DIYANG(PH))

5. Father's/Husband Name _____
6. Mother's Name _____
7. Address (Permanent) _____

_____ Pin Code
: _____
- Contact No & email _____
8. Address for correspondence _____

9. Educational Qualification(s)

Examination Passed	% age of Marks	Board /University	Year of passing	Subjects Taken
10 th /Matriculation Secondary				
MBBS				
P.G. Degree/DNB/D.A				

10. Registration with MCI/DMC/Any other State Medical Council and its validity (as applicable) _____

11. Gender : Male Female

12. Marital Status: Married/ Unmarried/ Other _____

13. Date of Completion of Internship : _____

14. Senior/Junior residency done (if any):

S.No	Residency	Duration with dates	Name of the Hospital/Institute
1	Junior Residency		
2	Senior Residency		

DECLARATION

I hereby solemnly declare and affirm that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or any column left blank in my application then my candidature is liable to be cancelled/terminated and no further correspondence/query shall be entertained. Besides taking any other action deemed fit in this regard. I will have no claim for absorption after terminated/completion of contract period of tenure of fellowship. I shall abide by the terms and conditions as prescribed.

SIGNATURE OF CANDIDATE