

**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH, CHANDIGARH**  
**BIO-DATA**

1. i) Name(IN BLOCK LETTERS) : .....
- ii) Name in Hindi(Devnagari) : .....
2. Father's Name : .....
3. Date of Birth : .....
4. Sex : .....
5. Married or Unmarried : .....
6. Husband's Name in case of married woman : .....
7. Nationality : .....
8. Present Address : .....
9. Permanent Address : .....
10. State of Domicile : .....
11. Present Occupation & income : .....
12. Whether belongs to SC/ST : .....
13. State/U.T. which belongs : .....
14. Qualifications :

Examination Passed	Name of the Institute/ University	Month & Year when passed	Attempts in which passed	Roll No.
1	2	3	4	5
<b><u>ACADEMIC</u></b>				
<b><u>PROFESSIONAL</u></b>				

15. Whether in Govt. or Private practice : .....
16. i) Permanent Registration No. : .....
- ii) State in which registered : .....

**EXPERIENCE**

POST HELD	NAME OF THE HOSPITAL/INSTITUTE	WHETHER THE HOSPITAL/ INSTITUTE/ COLLEGE IS A GOVT./ PRIVATE/ AUTONOMOUS BODY	PERIOD
1	2	3	4

17. Department in which short term attachment is desired : .....

18. Proposed duration : From .....to.....  
(Please give exact date)
19. Name and addresses of two references : 1. ....  
who are not related to you : .....  
2. ....  
.....
20. Contact, if any in Chandigarh : .....  
.....

I hereby declare that the information given above is true to the best of my knowledge and belief. If any information is found to be false, I shall be responsible for the consequences.

Dated : **(SIGNATURE OF THE CANDIDATE)**

**(RECOMMENDATION OF THE EMPLOYER)**

Dr. ....working as .....  
adhoc/regular/permanent since..... Is hereby sponsored for short term training in the  
department of .....PGI, Chandigarh from .....to  
..... He will continue to serve this office for a period of 3/5 years minimum after  
completion of the training. A copy of the proof in this regard may please be enclosed i.e. bond,  
survey, undertaking etc. All the dues i.e. fee etc. will be borne by the sponsoring authority.

OR

This office has no objections, if Dr. ....working as  
.....since .....is accepted for  
short term training in the department of..... at PGI, Chandigarh  
from .....to ..... The candidate himself/herself have to bear the  
expenses i.e. fee etc. for the short term training.

**Signature of the sponsoring authority  
with official seal**

Dated :