



HARYANA MEDICAL COUNCIL

SCO-410, 2nd floor, Sector - 20, Panchkula, Haryana - 134116
Email - registrarhmc@gmail.com, Office - 0172 - 2520165

APPLICATION FORM

Applied for the post

1	Name (In Block Letters)	
2	Father Name	
3	Mother Name	
4	Date of Birth Age (....Year....Month...Date)	
5	Nationality	
6	Permanent Address with pin code	
7	Correspondance Address	
8	Contact Number	
9	Email Address	
10	Total Experience for the relevant post (Certificate to be attached)	
11	Whether passed matriculation examination with Hindi/Sanskrit as one of the subject (Yes or No)	

Education Qualification:

Name of the Examination	Board/University/Institution	Year of Passing	Marks Secured	Maximum Marks	% of Marks
10 th					
10+2					
Graduation					
Post Graduation					
Diploma					
Others					



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Declaration:

1. I have never been debarred/dismissed/disqualified/expelled/discharged in any department of Haryana Government/ Semi Government/ Public Service/ Selection Commission etc.
2. I have never been convicted by any court of law in any case and no case is pending in any court of law.

I have read all the terms and conditions of the advertisement and agree to the same. I hereby certified that the above said particulars are correct and true to the best of my knowledge and nothing have been concealed therein and in case found false, my candidature is liable to be rejected. I further certify that the attested copies of certificates/documents attached with the applications are correct and true copies.

Dated:

(Signature of Candidate)

List of documents to be attached:

1. Proof of Date of Birth
2. Certificate of matriculation examination with Hindi/Sanskrit as one of the subject
3. All the educational certificates.
4. Experience certificate (if any)
5. Two identical photographs
6. All the requisite documents as per the advertisement circular.

Dated:

(Signature of Candidate)