

## SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR (ESTABLISHED UNDER PUNJAB GOVT. ACT NO. 43 OF 2016)

(To be filled in by the applicant in his/her own hand)

## **APPLICATION FORM**

| 1)     | POST APPLIED FOR: MRI Technician , Dialysi                                       |                     | Radiotherapy Technologis   | ı □,      | Paste securely your 35x35 mm                |
|--------|--|---------------------|----------------------------|-----------|---|
| 2)     | Ophthalmic Assistant , De Demand Draft No  |                     |                            |           | size colour<br>photograph,<br>then sign and |
| 3)     | Full Name of the candidate   |                     |                            |           | get it attested.                            |
| 4)     | Date of Birth (DD/MM/YYYY)   |                     |                            | Ĺ         |   |
| 5)     | Sex Male Female  |                     |                            |           |   |
| 6)     | Father's Name  |                     |                            |           |   |
| 7)     | State of Domicile:   |                     |                            |           |   |
| 8)     | Permanent Address:   |                     |                            |           |   |
| 9)     | Correspondence Address:  |                     |                            |           |   |
| 10)    | Mobile No  | Phone No            |                            |           |   |
| 11)    | Experience:  |                     |                            |           |   |
| 12)    | Particulars of the Qualifying Examination  |                     |                            |           |   |
|        | School/ College  | Subjects            | Year/Session               | Marks     | 3   |
|        |  |                     |                            |           |   |
|        |  |                     |                            |           |   |
|        |  |                     |                            |           |   |
|        |  |                     |                            |           |   |
| Declar | <u>ration</u>  |                     |                            |           |   |
| grante | I fully understand that if the information given hereined shall stand cancelled. | n by me is found to | be incorrect at any stage, | my select | ion to the job if                           |
| Place  | e:   |                     |                            |           |   |
| Date:  | :  |                     |                            |           |   |
| ъ 1    |  |                     |                            |           |   |

- Demand Draft Rs. 500/- in the name of Registrar, Sri Guru Ram Das University of Health Sciences, Sri Amritsar
- Attached copies of all the Certificate
- Experience Certificate (if any)