

17. CONDUCT CERTIFICATE FROM THE PRINCIPAL OF THE MEDICAL COLLEGE LAST ATTENDED

| | | |
|-----------------------------|-----------------------|------|
| Name of the Medical College | Name of the Principal | Date |
| | | |

18. NO OBJECTION CERTIFICATE FROM THE APPOINTING AUTHORITY WHERE WORKING (IF APPLICABLE)

| | | |
|--------------------------|----------------------------------|------|
| Name of the Organisation | Name of the Appointing Authority | Date |
| | | |

19. FOR THOSE WORKED/WORKING IN CHRISTIAN MEDICAL COLLEGE, LUDHIANA FOLLOWING GRADUATION AND AFTER COMPLETION OF SERVICE OBLIGATION IF ANY

| Department | Designation | From | To | Total Period | Appointing Authority | Remarks |
|------------|-------------|------|----|--------------|----------------------|---------|
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Please produce for letter(s) from the appointing authority(ies) to this effect.

Any other relevant information _____

I hereby declare that the information, I have given in this application is true and I understand that any false information will result in cancellation of my candidature.

I will produce photocopies of relevant documents and that no credit will be allowed without a supporting certificate issued by competent authority.

I have attached two passport size photographs to the Form, and have written my name on the back of each photo and signed. I have attached the photo on Admit Card.

Date :

Signature of Applicant

Check List :

* Application Form 100

