

Document Verification Form

(Candidate shall fill the form separately for each post applied for)

Recruitment of various posts under State Health Agency, Punjab Health System Corporation, Govt. of Punjab.

1. Post Applied _____
2. Roll No. Written Test: _____ Marks Obt. In Written Test: _____
3. Applicant Name: _____ Male/Female _____
4. Father's Name: _____
5. Mother's Name: _____
6. Date of Birth: _____
7. Age as on (01/01/2019) _____ years _____ months _____ days
8. Applied under Category _____
9. **Permanent Address:** _____
District _____ State _____
10. **Correspondence Address:** _____
District _____ State _____
11. Mobile No. _____ email address: _____
12. Whether Passed Punjabi upto Matric level (Yes/No) _____
13. Residence State i.e Punjab (Yes or No): _____ (enclose Residence Certificate)

14. Detail of Education Qualification

Sr. No.	Course/Stream	Board/University	Marks Obtained			Subject studied
			Obt.	Max.	%age	
1.	Matric					
2.	10+2					
Detail of Graduation						
Detail of Post Graduation and Master Degree/Diploma & Higher qualification						

15. Whether Medical Degree Passed i.e MBBS (Yes/NO) _____

16. Detail of Experience:

Sr. no.	From	To	Name of Organization	Name of Post	Whether Regular/Contract/outso urcing	Total Experience in Month only

17. Detail of Additional Experience Under Insurance Sector:

Sr. no.	From	To	Name of Organization	Name of Post	Nature of Job Regular/Contract/outso urcing	Total Experience in Month only

I solemnly affirm and undertake that the above statement of mine is true to the best of my knowledge and belief and that nothing has been concealed herein.

Thumb Impression
(Left in case of male/Right in case of female)

Date _____ Candidates Signature _____

(PTO)

1. Printout of online registration form
2. Admit card of written test
3. Matriculation certificate
4. Matric level Punjabi Passed certificate
5. 10+2 DMC
6. Detail Marks cards of Graduation/Degree
7. Detail Marks card of Post Graduation Degree/PG Diploma
8. Detail Marks card of Master Degree
9. Experience Certificate
10. Residence Certificate
11. Category Certificate

For Office Use Only

(TO BE CHECKED BY THE DOCUMENT VERIFICATION COMMITTEE)

Document to be checked	Tick if document Verified	Signature
Print out online registration form		
Admit card of written test		
Matriculation Certificate for Date of Birth		
Certificate in regard to Punjabi upto Matriculation level or equivalent exam		
10+2 DMC		
Graduation DMC/Degree		
Medical Degree i.e MBBS		
Post Graduation /PG Diploma degree certificate		
Master Degree		
Experience certificate from competent authority		
Additional. Experience under Insurance Sector from Competent authority		
Any other requisite document		
Experience as per certificate attached _____ (Months)		

To be verified by Welfare officer/Nominee			
category certificate	Eligible/Not Eligible	Signature	Remarks
SC/BC certificate			
To be verified by Sanik Welfare officer/Nominee			
category certificate	Eligible/Not Eligible	Signature	Remarks
Ex serviceman category certificate			

Remarks:

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

CHAIRPERSON