



A.A PC&PNDT

Department of Health & Family Welfare

U.T Chandigarh



**PUBLIC NOTICE**

1. Competency Based Exam PC&PNDT Act under Six months Training Rules,2014.
2. Eligibility Criteria for test—  
Rule 6(2) :The existing registered medical practitioners, who are conducting ultrasound procedures in a Genetic Clinic or Ultrasound Clinic or Imaging Centre on the basis of one year experience or six months training are exempted from undertaking the said training provided they are able to qualify the competency based assessment specified in Schedule II and in case of failure to clear the said competency based exam, they shall be required to undertake the complete six months training, as provided under these rules, for the purpose of renewal of registrations.
3. Department of Radiology, PGIMER-12 U.T Chandigarh is conducting the final examination for already existing practitioners in UT Chandigarh who are only MBBS and do not possess the postgraduate degree.
4. The theory assessment test shall be conducted in third week of July, 2016 (22nd /23rd July 2016)
5. The candidates who will qualify in the above theory examination will be eligible for the practical assessment. The practical assessment shall be taken in the fourth week of July 2016 (28th/29th July,2016). In a day not more than 5 candidates will be examined for practical assessment.
6. Interested candidates from U.T Chandigarh can apply on prescribed proforma/format, duly tagged, mentioning the number of pages, complete in all respects, along with self-attested copies of all the testimonials and passport size 5 photographs, qualification, experience, Demand Draft, should be sent at the following address so as to reach not later than 24.06.2016. Application other than prescribed proforma/format shall be rejected straight-away.  
  
Address:  
  
Appropriate Authority PC&PNDT,  
District Family Welfare Bureau,  
Old Polyclinic building,  
(Civil Hospital)Sector-22,  
U.T.Chandigarh,160022.
- 7.. Application Fees: in the form of Demand Draft of Rs.10,000/-only(Ten Thousand Only) payable at Chandigarh, in favour of Appropriate Authority PC&PNDT- cum- Director Health Services, Chandigarh Administration . Payment of fee by any another mode shall not be acceptable and the application shall be rejected.

This advertisement and application format/proforma may be downloaded from the official website [www.nhmchd.gov.in](http://www.nhmchd.gov.in).

PROFORMA



1. Application for

Competency Based Exam PC&PNDT Act under Six Months Training) Rules, 2014

- 2. Name of the Applicant
- 3. Father's/Husband's Name
- 4. Date of Birth
- 5. Sex
- 6. Marital Status
- 7. Nationality
- 8. Permanent Address
- 9. Correspondence Address
- 10.

Self-attested  
Photograph

E-mail address, if any

11. Educational Qualification

Examination passed	Year of passing	Total Marks	Marks obtained	Percentage of marks	University/ Institution

12. Experience(w.r.t PCPNDT Act Guidelines)  
(Attach self attested copy of the experience certificates)

13. Whether any criminal case has ever been registered against you or whether you have been ever convicted of any offence by any court in India?

14. Particulars of Demand Draft                      Draft No.                      Dated

Bank Name:

Date:

Place:

Signature of the candidate

"DECLARATION BY THE CANDIDATE"

I, \_\_\_\_\_ D/o/S/o/W/o \_\_\_\_\_ solemnly declare that the particular(s) /information(s) given by me in Column No. 1 to 14 above is true and correct to the best of my knowledge and nothing has been concealed therefrom. I further undertake that in the event of any of the particular(s) / information(s) given above is/are found to be incorrect/false at any stage, my candidature/application, if so made, be treated as cancelled/rejected .My application, including enclosures attached to it, contains Page No. \_\_\_\_\_ to \_\_\_\_\_.

Date:

Place:

Signature of the candidate