



अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश- 249203  
All India Institute of Medical Sciences, Rishikesh- 249203  
**Department of Community Medicine**

**Application Performa**

1. Name (in capital): \_\_\_\_\_
2. Apply for Post: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Age: \_\_\_\_\_
5. Whether belongs to SC/ST/OBC category: \_\_\_\_\_
6. Sex: \_\_\_\_\_
7. Nationality: \_\_\_\_\_
8. Marital Status: \_\_\_\_\_
9. Address: \_\_\_\_\_
10. Mob. No. \_\_\_\_\_ Landline No. \_\_\_\_\_
11. E-mail id: \_\_\_\_\_

**Educational Qualifications:**

S. No	Examination passed	Board/University	Passing Year	Percentage scored
1				
2				
3				
4				

**Experience (Post Qualification):**

S. No	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibility
1						
2						
3						
4						

**Signature**

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Enclosures attached:-**

- 1.
- 2.
- 3.