

अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश All India Institute of Medical Sciences, Rishikesh-249203

APPLICATION FORM

App	ication for the post of:	Past your				
Nam	Name of the Project:					
1.	Name (In Block Letters)					
1.	Name (in block Letters)					
2.	Father's Name					
3.	Date of Birth	D D M M Y Y Y				
4.	Present age (as on last date/date of application/interview)	YearsMonthsDays				
5.	Gender	Male/Female/Transgender				
6.	Nationality					
7.	SC/ST/OBC/EWS category	SC/ST/OBC/EWS (circle the appropriate & attach certificate)				
8.	Are you Physically Handicapped	Yes/NO				
9.	Address for correspondence					

10.	Mobile/Phone No.	
11.	E-Mail ID (essential for all Scientific/officers and technical posts)	

12. Educational Qualifications: -

Sr. No.	Exam Passed	Board/University/In stitution	Year of Passing	Marks Obtained in %	Major Subjects		
1.	10 th						
2.	12 th						
3.	Graduation						
4.	Post- Graduation						
5.	Other qualification, if any						
6.	Registration No. in Medical Council of India/State (In case of medical candidates/staff nurse only)						

13. *Experience: -

Sr. No.	Name of Institution	Designati on held	Pay Scale/Sa lary	From Date	Till Date	Years, Months &	Nature of work performed
			Drawn			Days	
1.							

2.				
3.				

^{*}Attach self-attested testimonials in support of your claim.

14. Declaration*:-
(i). I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me is being found false or incorrect at any stage, my candidature shall be liable for cancellation / termination without notice or any compensation in lieu thereof.
(ii). I hereby certify that I am pursuing
(iii). I hereby certify that I am not pursuing any Regular Course of Study from any of the University/College/Institution etc.
(iii). I hereby certify that I am doing
(iv). I hereby certify that I am not doing any kind of Regular Job in any Govt. Sector either on permanent or temporary basis.
(v). I hereby declare that I will deposit/submit my original documents pertaining to the minimum essential qualification to the Institute, if got selected for the post applied. I understand that the original documents shall be returned to me on successful completion of my tenure in the project and proper relieving from the Institute in accordance with the terms and conditions of the offer of appointment being made upon my selection.
* Strike out whichever in Not Applicable.
NOTE: - Unsigned Application Form shall be rejected summarily.

Place:_____

Date:______

(Signature)

Name:_____