



All India Institute of Medical Sciences Rishikesh

अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश

www.aiimsrishikesh.edu.in

10. Experience (in chronological order starting from the present employer)

Sl. No.	Name of the Employer	Nature of Duties	Date of Joining	Date of Leaving

DECLARATION

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 are found false or incorrect at any stage, my candidature/appointment shall be liable for cancellation/termination without notice or any compensation in lieu thereof.

Place:

Signature of the Candidate

Date: