

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

## Application Performa for staff recruitment under "Centre for Excellence/ Regional Coordinator under National One Health Programme for Prevention and Control of Zoonoses"

| 1. N        | Nam  | e (in Capi                                 | tal):       |                  |      |   |             |   |                |  |  |
|-------------|--|--|-------------|------------------|------|---|-------------|---|----------------|--|--|
| 2. F        | Father Name:   |  |             |                  |      |   |             |   |                |  |  |
| 3. <i>A</i> | Apply for Post:  |  |             |                  |      |   |             |   |                |  |  |
| 4. I        | Date of Birth:   |  |             |                  |      |   |             |   |                |  |  |
| 5. <i>A</i> | Age:   |  |             |                  |      |   |             |   |                |  |  |
| 6. V        | Whether belongs to SC/ST/OBC category: Yes/No Category Name: |  |             |                  |      |   |             |   |                |  |  |
| 7. F        |  |  |             |                  |      |   |             |   |                |  |  |
| 8. S        | Sex:   |  |             |                  |      |   |             |   |                |  |  |
|             |  |  |             |                  |      |   |             |   |                |  |  |
|             |  | ·  |             |                  |      |   |             |   |                |  |  |
|             |  |  |             |                  |      |   |             |   |                |  |  |
|             |  |  |             |                  |      |   |             |   |                |  |  |
|             |  |  |             |                  |      | •                                       |             |   |                |  |  |
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|             | No No  | ntial Qualification: No Examination passed |             | Board/University |      | Passing Year                            |             | Percentage scored                       |                |  |  |
|             |  |  |             |                  |      |   |             |   |                |  |  |
| 1           |  |  |             |                  |      |   |             |   |                |  |  |
| 2           |  |  |             |                  |      |   |             |   |                |  |  |
| Desi        | irahl  | ۵۰   |             |                  |      |   |             |   |                |  |  |
| S.          |  | Post                                       | Name of the | e From T         |      | To Tota                                 |             | d Duties &                              |                |  |  |
| No          | 0  |  | Institution | (DD/MM/YY)       | (DI  | D/MM/YY)                                | Expe        | rience                                  | Responsibility |  |  |
| 1           |  |  |             |                  |      |   |             |   |                |  |  |
| 2           |  |  |             |                  |      |   |             |   |                |  |  |
| 3           |  |  |             |                  |      |   |             |   |                |  |  |
| 4           |  |  |             |                  |      |   |             |   |                |  |  |
| 5           |  |  |             |                  |      |   |             |   |                |  |  |



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## Work experience

| S.      | Post | Name of the Institution |              | To<br>(DD/MM/YY) | Total<br>Experience | Duties & Responsibility |
|---------|------|-------------------------|--------------|------------------|---------------------|-------------------------|
| No<br>1 |      | Institution             | (DD/MINI/11) | (DD/MINI/11)     | Experience          | Kesponsibility          |
| 2       |      |                         |              |                  |                     |                         |
| 3       |      |                         |              |                  |                     |                         |
| 4       |      |                         |              |                  |                     |                         |
| 5       |      |                         |              |                  |                     |                         |
| 6       |      |                         |              |                  |                     |                         |

| Signature |  |
|-----------|--|
|           |  |

**Enclosures attached: -**

1. 2.

Date: Place: