



# All India Institute of Medical Sciences Rishikesh

अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश

Name of the project applied for.....

## Application Performa

1. Name (in capital letters): \_\_\_\_\_
2. Application for the Post of: \_\_\_\_\_
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.
- 4.