Application form for the post of JRF

| App Dat Age Wh Sex Nat Man Add | ether belongs | to SC/ST/OBC c | ategory | | | | |
|---|----------------------------------|---|--------------------|------------------|---------------------|-------------------------|--|
| 11. Mo | | | | Landline No. | | | |
| 12. E-n Educati | nan id: I onal Qualifi | cations: | | | | | |
| S.No | | | oard/University | Passing Year | Percenta | Percentage scored | |
| 1 | passed | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Experie S.No | ence (Post Qu | nalification): Name of the Institution | ne From (DD/MM/YY) | To (DD/MM/YY) | Total Experience | Duties & Responsibility | |
| 1 | | | , | | • | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| Date: Place: | | | | | | Signature | |
| 1. 2. 3. | s attached:- rm submissio | on link via Google | forms: https://for | ms.gle/SaD4Q3icV | VBXdguBo9 | | |
| | | | | | | | |

*Applicants must fill up all the columns of the application form properly. Single/consolidated SCANNED PDF of the signed application form along with supporting document as enclosures and complete in all respects should also be mailed to poorvi.physio@aiimsrishikesh.edu.in on or before 31st January, 2024.