



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश २४९२०३  
All India Institute of Medical Sciences, Rishikesh 249203

**APPLICATION PERFORMA**

1. Name (in capital letters): \_\_\_\_\_
2. Father Name: \_\_\_\_\_
3. Application for the Post of: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Age: \_\_\_\_\_
6. Whether belongs to SC/ST/OBC Category: \_\_\_\_\_
7. Sex: \_\_\_\_\_
8. Nationality: \_\_\_\_\_
9. Marital Status: \_\_\_\_\_
10. Address: \_\_\_\_\_
11. Mob. No. \_\_\_\_\_ Landline No. \_\_\_\_\_
12. E-mail ID: \_\_\_\_\_

**Educational Qualifications:**

S.No	Examination passed	Board/University	Passing Year	Percentage scored
1				
2				
3				
4				



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश २४९२०३  
All India Institute of Medical Sciences, Rishikesh 249203

**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						

**Declaration**

I hereby declare that the above information mentioned in the Application Form are complete and true to the best of my knowledge, belief and information.

Signature

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Enclosures attached (all required documents): -

- 1.
- 2.

Note: Please send your filled application form on [coedrone@aiimsrishikesh.edu.in](mailto:coedrone@aiimsrishikesh.edu.in) latest by 16<sup>th</sup> September, 2024.