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

www.aiimsrishikesh.edu.in

Application Format

Name of the Project: **"Prospective cohort study for estimating the additional economic burden on patients due to antimicrobial resistant infections being treated in government and private hospitals in India"**

Post applied for ……..

1. Name (In Block Letters)……
2. Father's/Spouse's Name ……..
3. Date of Birth: ……..
4. Gender ……..
5. Category ……..
   (Enclose copy of caste certificate issued by the competent authority)
6. Address ……

   ……
7. Mobile Number……
8. E-mail ……
9. Educational Qualifications (matriculation onwards)

Sl. No.	Examination passed	Board /University	Year of passing	Subject Studied	% of Marks

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: