



# All India Institute of Medical Sciences, Rishikesh

Uttarakhand – 249203

(RECRUITMENT CELL)

## DETAILS OF ORIGINAL DOCUMENT VERIFICATION FOR THE POSTS OF: ..... Level: .....

A. Candidates details:						
Sl. No.	Particulars	Details				
1.	Name of the Candidate					
2.	Roll No.					
B. Personal Details:						
Sl. No.	Particular of Document	Roll No.	Year of Passing	Board /University/Institute		
1.	Proof of D.O.B (10 <sup>th</sup> mark sheet)					
	Age as on 02.12.2025: _____					
C. Educational Qualifications: (Only essential qualifications as per advertisement)						
Sl. No.	Particular of Document	Session	Year of Passing	Board/University/Institute		
1.	Class 10 <sup>th</sup> Certificate/ Mark sheet					
2.	Class 12 <sup>th</sup> Certificate/ Mark sheet					
3.	Graduation Degree/ Mark sheet					
4.	PG Degree/ Mark sheet					
5.	Diploma/ Certificate					
D. Category Certificate: (Only category against which applied)						
Sl. No.	Particular of Document	Certificate No.	Date of Issue	Issuing Authority		
1.	Category - 1 (OBC (NCL)/SC/ST/EWS)					
2.	Category - 2 (PwD/ESM)					
E. Experience Details (if applicable): (Only experience mentioned in application form)						
Sl. No.	Name of the Institute/ Organisation/ Hospital (with bed strength)	Designation	From	To	Period of Experience	Type of Organisation
1						
2						
3						
Total experience after essential qualification (as per advt.) as on 02.12.2025: _____						

Note:

- Documents must be arranged in the above order.
- Self-attested copies of all documents should be submitted.

Signature of the candidate

Date: \_\_\_/\_\_\_/2026