



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.