



अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश – 249203

All India Institute of Medical Sciences Rishikesh

Virbhadr Marg, Rishikesh, Uttarakhand – 249203 www.aiimsrishikesh.edu.in

APPLICATION FORM FOR MPH COURSE, JANUARY 2023 SESSION

Applied for-	
Applied under:	Open (Yes/No) Sponsored (Yes/No)

Fee Details:	NEFT/RTGS No. _____ Bank name _____						
	Date _____						
<i>(Please attach proof of payment)</i>							
1	Name (in BLOCK letters)		Affix Passport Size Photograph duly attested by Gazetted Officer				
2	Father's Name						
3	Date of Birth (in <i>Christian</i> era)						
<i>(Please attach self-attested copy of relevant certificate)</i>							
4	Permanent Address						
5	Address for correspondence						
6	Mobile No. / Tele. No.	7. Citizenship					
8	e-mail id	9. Gender	M/F				
10	Category	UR	SC	ST	OBC	EWS	PWBD
<i>(Please tick (✓) the appropriate category and attach attested copy of relevant certificate if seeking Reservation)</i>							

II Educational Qualification(Non-Medical)				
S/No	Exam Passed	Name of Institute	Year of Passing	Grade/Marks Percentage
1				
2				
3				

***Attach separate sheet if required along with self-attested copies of relevant documents.**

12 Educational Qualification (Medical)							
S. No.	Professional Education	Year of Final exam	Name of Institute	Name of University	Medals & awards if any	Total percentage obtained/ Pass	No of Attempt
1							
2							
3							
4							
5							
6							

*** Attach self-attested copies of relevant documents.**

13 Experience details (if applicable)				
	Experience as	Name of Institute	From to	Remarks
1				
2				

***Attach self-attested copies of relevant documents.**

Declaration

I..... S/o/ D/o do hereby declare and affirm that all the statements made in this application are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall be liable to be rejected without any notice.

I further declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the course.

Date:-

Signature of Candidate

Enclosures: -

Copy of the self-attested Certificate	<i>Please tick (✓)</i>
1. Date of Birth and Class X and XII Certificate	
2. MCI/DCI registration (If applicable)	
3. Internship completion certificate (If applicable)	
4. SC/ST/OBC/EWS/PWBD certificate issued by the competent authority (if applicable)	
5. MBBS/BDS/AYUSH(Alternative system of Medicine in India) Mark-sheets (if applicable)	
6. MBBS/BDS/AYUSH (Alternative system of Medicine in India) Degree (if applicable)	
7. Bachelor' Degree (For Non-Medical candidates only)	
8. Sponsorship Certificate (If applicable)	
9. Attempt certificates (If applicable)	
10. Copies of any other relevant documents	