अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश – 249203

All India Institute of Medical Sciences Rishikesh

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

APPLICATION FORM FOR POST-DOCTORAL FELLOWSHIP COURSE, MARCH 2027 SESSION

Applied for- (Candidate can apply only in one Subject)	Write Subject as per Prospectus (**Only one Subject**) Category: Open Sponsored (Tick the applied category)

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

11	**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.**

12	**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 myknowledge 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 beliable 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	***Pleasetick (√)***
1. Class X Certificate	
2. Medical Council Registration	
3. Internship completion certificate	
4. SC/ST/OBC/EWS/PWBD certificate issued by the competent authority (if applicable)	
5. MBBS Mark-sheets	
6. MBBS Degree	
7. MD/MS/DNB/DM/M.Ch./Ph.D. Mark-sheets	
8. MD/MS/DNB/DM/M.Ch./Ph.D. Degree	
9. Attempt certificates	
10. Fee Receipt	
11.Experience Certificate	
12. Sponsorship Certificate (For Sponsored only) & No Objection Certificate (For In-service/Bonded candidate)	
13.Copies of any other relevant documents	