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

Application Format

Name of the Project: **"SOLIDARITY Trial Plus"**

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: