



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश (उत्तराखण्ड)
All India Institute of Medical Sciences, Rishikesh (Uttarakhand)
 Rishikesh Uttarakhand-249203
www.aiimsrishikesh.edu.in

APPLICATION PROFORMA

Post applied for-	
Department / Speciality	

Fee Details:		Bank name _____ Date _____	
1	Name (in BLOCK letters)	Affix Recent Passport Size Photograph duly Self attested	
2	Father's Name		
3	Date of Birth (in Christian era)		
<i>(Please attach 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
			OPH
<i>(Please tick (✓) the appropriate category and attach attested copy of relevant certificate if seeking Reservation)</i>			

11	Educational Qualification			
S/No	Exam Passed	Name of Institute	Year of Passing	Grade/Marks Percentage
1	10 th			
2	12 th			
3				

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

12 Professional Qualification							
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							

* Attempt certificate to be submitted. Attach attested copies of relevant documents.

13 Experience Certificate				
	Experience as	Name of Institute	From to	Remarks
1				
2				

*Attach 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 post.

I am not employed in any other Government Institution/ Autonomous body.

OR

I am employed with Government Institution/Autonomous body and if selected, I shall join duty only after acceptance of my resignation from my current employer.

Date:-

Signature of Candidate

ENCLOSURE:

Certificates		
1.	Proof of application fee deposit (If any).	
2.	One Identity Proof (PAN Card, Passport, Driving License, Voter Card, Aadhar Card etc.)	
3.	Address Proof.	
4.	Certificate showing Date of Birth. (10th Certificate/ Birth Certificate)	
5.	Four recent passport size photographs.	
6.	Class 10th & 12th Certificates.	
7.	MBBS Mark sheets & Certificates.	
8.	PG Marks Sheet & Certificate (
9.	MD/DNB/DM/M.Ch/Ph.D/Diploma Marks Sheet & Certificate	
10.	Attempt Certificate.	
11.	Registration with Medical Council of India/ State Medical Council (for medical candidate).	
12.	Experience Certificate (Copy of completion of Internship for medical candidates).	
13.	No objection certificate from present employer (if any).	
14.	SC/ST/OBC/OPH certificate issued by the competent authority (if applicable).	
15.	Publications.	
16.	Any other relevant documents.	

Signature of Candidate