



अखिल भारतीय आयुर्विज्ञान संस्थान , बिलासपुर
हिमाचल प्रदेश -१७४००१
All India Institute of Medical Sciences, Bilaspur
Himachal Pradesh-174001
<https://aiimsbilaspur.edu.in>
e-mail establishment.aiimsbilaspur@gmail.com



01978-292575

(Principal Investigator)

Annexure 1

FORMAT FOR APPLICATION

1. Name of the Post: _____

2. Advertisement File No. & Date: _____

3. Name of the Candidate: _____

4. Father's Name: _____

5. Date of Birth: _____

6. Age: _____

7. Permanent Address:

8. Address for Correspondence:

9. Email Address: _____

10. Phone No./Mobile: _____

Alternate No. _____

**Paste your
Passport Size
Photo Here**



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11. Qualification from High School and above:

S. No.	Qualification	Name of Board/University	Year of Passing	Percentage of Marks
1				
2				
3				
4				
5				
6				

12. Experience (Post Qualification):

S. No.	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibilities
1						
2						
3						
4						
5						

I hereby declare that above information provided by me is correct to my knowledge and belief.

(Signature of the Candidate)