

## अखिल भारतीय आयुर्विज्ञान संस्थान, बिलासपुर हिमाचल प्रदेश - १७४००१

#### All India Institute of Medical Sciences, Bilaspur Himachal Pradesh-174001

https://aiimsbilaspur.edu.in





#### ANNEXURE - I

#### **APPLICATION FORMAT FOR PROJECT POST**

Namo	e of the Post:	Recent passport size			
Adve	rtisement File No. & Date	photogra	iph		
1	Name of the Candidate				
2	Father's Name				
3	Date of Birth (DD/MM/YYYY)				
4	Age (as on 20.03.2025)				
5	Gender (Male/ Female)				
6	E-mail address				
7	Mobile Number				
8	Alternate Number				
9	Permanent Address				
10	Address for				
	Correspondence				
11	Educational Details (10 <sup>th</sup> o				
	Qualification/ Degree	Name of Board/ University	Subjects	Year of Passing	Marks (%)
a		Ciliversity		T ussing	(70)
b					
С					
d					



5.

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е			

12	Experience aft	xperience after obtaining essential qualification (if any)						
	Post	Name of the	From	То	Total	Dutio	es &	
		Institution	(DD/MM/YY)	(DD/MM/YY)	Experience	Responsibilities		
a								
b								
С								
d								
	l	,				u		
13	Whether NET/ GATE/ ICMR/ DBT etc. qualified?							
	If yes, please specify exam and year							
<b>DECLARATION</b> I hereby declare that above information provided by me is correct to my knowledge and belief. I understand that if any information is found false at any stage, my candidature is liable to be cancelled.								
	(Signature of the Candidate							
Enclosures (Self attested):								
1.								
2.								
3.								
4.								