



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR**  
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)  
(An Institution of National Importance under Ministry of Health & Family Welfare)  
भारत सरकार/ Government of India

**FORMAT FOR APPLICATION**

1. Name of the post Applied for :
2. Name of Candidate (in Block Letter) :
3. Post for Which applied
4. Gender :
5. Date of Birth :
6. Father's Name :
7. Mother's Name :
8. Marital Status (Married/Unmarried) :
9. Present Address for correspondence :
10. Permanent Address :
11. Phone Number/Mobile Number :
12. Email Id :

**13. Details of Qualification**

S.No.	Degree	% of Mark	Year of Passing	Board/University

**14. Details of Experiences**

S.No.	Designation	Institute/Name of the employer	Period	Reason for leaving

15. Have you ever been declared unfit by a medical board/court for appointment in any government service? (Yes/No) .....

If yes,  
details.....

16. If selected, within what period would you require for joining the post:



### Declaration

I Dr/Mr/Mrs/Miss.....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 fulfil 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.

Signature of the candidate

Date: