



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR-814152(INDIA)
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)

भारतसरकार/ Government of India
Website-www.aiimsdeoghar.edu.in

Application form for applying to the post of

Advertisement No:

Post applied for:

Affix here a
recent
passport
size colour
photograph

1. Name in block letters:-

2. Father/Husband's Name in block letters:-

3. Permanent Address:-

State

Pin

9. Educational Qualification:-

Name of the Examination passed	Subject/ Discipline/ Speciality	University/ Institute/ College	Month & Year of Passing final examination	Marks obtained (%)	Duration of Course	No of attempts

10. Experience:-

Name of the organization/Institute, worked	Date of joining	Date of leaving	Name of the post	Whether on Adhoc/ Contract/ Regular Basis	Nature of work (Teaching, Research or patient care)	Pay Band and present basic pay

11. Experience of Research work and available published material, if any, mention the details and enclose reprint thereof:-

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12. Are you working in a Govt/Autonomous Institute?

13. If yes, please enclose No Objection Certificate from employer/Head of the Institute.

14. Demand Draft Details (No and Date with Bank Name):-

15. In your understanding, top 10 priority required areas for the development of Institute.-

16. Attach self-attested photocopies of the following certificates/documents in the order as mentioned below:-

1. Certificate in r/o date of birth.
2. Degree certificates of the qualification as mentioned in Sl. No. 9 of this application form.
3. Experience Certificate after completion of P.G. degree/Ph.D as mentioned in Sl. No. 10 of this application form.
4. Caste Certificate (if applicable) issued by Govt. of India.
5. No Objection Certificate.

UNDERTAKING

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein, if found to be incorrect or false, I shall be liable for action as per rules in force.

Place

Signature of the Candidate

Date

Name of the Candidate in capitals

Email:-

Mobile no:-

- Candidates are advised to furnished valid e-mail id for further correspondence.