

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

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9.Educational Qualification:-

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

10. Experience:-

Name of the organization/I nstitute, 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 enclose reprint t	ork and availa	able publis	shed material, i	f any, mention the	details and

12. Ar	e you working in a Govt/Autonomous Institute?
13. If	yes, please enclose No Objection Certificate from employer/Head of the Institute.
14. De	mand Draft Details (No and Date with Bank Name):-
15. In	your understanding, top 10 priority required areas for the development of Institute
	tach self-attested photocopies of the following certificates/documents in the order as mentioned low:-
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.
	<u>UNDERTAKING</u>
est of r	solemnly affirm that the information furnished above is true and correct in all respects to the my knowledge. I have not concealed any information. I undertake that any information d 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
nail:-	Mobile no:-

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